

FINANCIAL INSTITUTIONS SUPPLEMENT

INSTRUCTIONS: 1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation. 2. If a question is not applicable, state "N/A". If more space is required to answer a question, please provide details on the last page of the Application, or attach additional sheets as necessary. 3. Please sign this supplement to include this completed form as part of the Application.

Named Insured/ Applicant: \_\_\_\_\_

- 1. Does any attorney provide legal services in exchange for an ownership interest in any Firm Client or directly related entity: YES [ ] NO [ ]
2. Does any attorney serve as director, officer, general counsel, or internal committee member, or own stock in any Client financial institution that is not publicly-traded? YES [ ] NO [ ]
3. Is any litigation pending against any director or officer of any of the Firm's financial institution Clients? YES [ ] NO [ ]
4. In the past ten years, have any of the Firm's financial institution Clients been declared insolvent, gone into receivership, or operated under a regulatory agreement? YES [ ] NO [ ]

- 5. For each affirmative answer to 3 and 4 above, identify (on a separate page, if necessary):
a. Name/location of Client: \_\_\_\_\_
b. If applicable, dates of insolvency or regulatory supervision:
c. Nature/capacity of services provided to that Client:
d. Attorney(s) providing representation: \_\_\_\_\_
e. Date representation commenced: \_\_\_\_\_
f. Does the Firm still represent the Client: \_\_\_\_\_
g. The dollar value of any financial interest: \_\_\_\_\_
h. The percentage of such financial interest: \_\_\_\_\_
i. Whether the Client is publicly traded or privately held: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

**Fraud Prevention**

**Attention: Insureds in Maine**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Attention: All Other Insureds**

Refer to PNAP 001 – Fraud Notice attached to your policy.