

**LAWYERS PROFESSIONAL LIABILITY
FINANCIAL INSTITUTION SUPPLEMENT**

Firm Name: _____

Complete this supplement for **EACH** Financial Institution that has been a client of the firm within the last three years.

1. Name of Financial Institution: _____

2. Type (check one): Bank Savings & Loan Savings Bank Other (Please describe) _____

3. Location: _____

4. Name(s) of attorneys representing this financial Institution: _____

Date(s) of representation: _____

5. Has this Financial Institution:

Failed, merged or been sold at regulatory direction? Yes No

If yes, explain: _____

Operated or is operating under some form of Regulatory Agreement? Yes No

If yes, explain: _____

Been involved in subprime lending or loans to subprime borrowers? Yes No

If yes, explain: _____

6. Check all professional services you render(ed) for this Financial Institution:

- | | |
|---|--|
| <input type="checkbox"/> General Counsel | <input type="checkbox"/> Foreclosure Work |
| <input type="checkbox"/> Regulatory Counsel | <input type="checkbox"/> Collections/Bankruptcy |
| <input type="checkbox"/> Securities Counsel | <input type="checkbox"/> Residential Real Estate |
| <input type="checkbox"/> Fidelity Bond Claims | <input type="checkbox"/> Loan Documentation |
| <input type="checkbox"/> Commercial Real Estate | <input type="checkbox"/> Other: _____ |

7. With regard to this Financial Institution, has any attorney or former attorney:

a. Had loan commitments? Yes No
If yes, describe: _____

b. Held any equity interest? Yes No
If yes, describe: _____

c. been a member of any internal committees of the above institution? Yes No
If yes, describe: _____

d. Date(s) of affiliation: _____

8. Is any litigation threatened or pending against any Director, Officer, or other members of this Financial Institution? Yes No

If yes, explain: _____

Signature of Authorized Firm Representative

Title

Date