

FINANCIAL INSTITUTION SUPPLEMENT

Name of Applicant: _____

“Financial Institution” means any savings and loan, bank, credit union, savings association, building and loan association or any subsidiary or affiliate thereof.

Please complete one supplement for each financial institution represented **from January 1, 1981, to PRESENT**

1. Name and location of financial institution:

Name: _____

Address: _____

FDIC# (Five-digit call number): _____

2. Is the above financial institution a past or present client : Past Present

3. Has this financial institution been declared insolvent? Yes No

If Yes, when? _____ and provide:

1. the percentage of time spent on behalf of the entity over the period of representation _____ %;

2. the percentage of billable dollars derived from representing the entity over the period of representation _____ %

4. Has any attorney in the firm ever served in any of the following capacities with regard to the financial institution:

Yes No If Yes, please complete the following:

	D=Director O=Officer	Past	Present	D&O Insurance Yes/No	Indemnification Agreement Yes/No
Director or Officer	_____	_____	_____	_____	_____
Executive Committee Member	_____	_____	_____	_____	_____
Loan Committee Member	_____	_____	_____	_____	_____
Investment Advisory Committee Member	_____	_____	_____	_____	_____
Internal Audit Committee Member	_____	_____	_____	_____	_____

5. Has any attorney in the firm ever served as a partner, held stock or any other ownership interest in the above financial institution? Yes No

If Yes, please complete the Outside Director/Officer - Equity Interest Questionnaire.

6. Please check all which apply with regard to legal services provided for the above financial institution:

- Counsel.....
- General Counsel.....
- Assist in Preparation of Response to Regulatory Examination Reports.....
- Securities Work.....
- Real Estate Foreclosures.....
- Collections/Repossessions.....
- Loan Closings.....
- Bankruptcy.....
- Other (Please Explain) _____

I/We understand the information herein becomes part of the Professional Liability Application and is subject to the same representations and conditions.

Signature of Applicant (Must be signed by a Partner, Owner or Officer)

Date

