

ACCOUNTANTS AND CONSULTANTS PROFESSIONAL LIABILITY INSURANCE APPLICATION

FINANCIAL INSTITUTIONS SUPPLEMENT

Please complete for each financial institution in which you have provided any professional services or any of you has served as a director or officer or been a committee member within the last 5 years.

1. Do **you** have a written policy prohibiting any of **you** from holding stock or other financial interest in a financial institution that is also **your** client? YES NO
2. Do you have a written policy prohibiting any of **you** from acting as a director or officer of a financial institution that is also **your** client? YES NO
3. Do **you** have a written policy prohibiting the introduction of **your** other clients to any other client financial institution as prospective borrowers and/or the subsequent representation of both borrower and lender? YES NO
4. **Do you act as a** Director, Officer or have other ownership interests of any financial institution that is also a client? YES NO
5. **Do you receive** loans or other credit extensions from any financial institution that is also a client? YES NO
6. **Do you** Prepare responses to regulatory examinations or provided advice on regulatory issues? YES NO

If the response to questions 4, 5 or 6 is "YES," please answer provide additional details

| Name: | Location: | Dates services provided: | Services Performed: | Internal Committee Name: | Has the financial institution been sold to any other financial institution? | Was the sale due to insolvency or federally assisted? |
|-------|-----------|--------------------------|---------------------|--------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------|
| | | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| | | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |

PROVIDE ABOVE INFORMATION ON SEPARATE LETTERHEAD OR PHOTOCOPY IF ADDITIONAL SPACE IS NEEDED

I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

Signature

Title

Date