



APPLICATION

For Lawyers Professional Liability Insurance
A Claims Made & Reported Policy

Financial Institution / Banking Supplement

Matters relating to professional services on behalf of a savings & loan bank, credit union, mortgage company and/or insurance company (not including insurance defense) in the past 5 years.

All attorneys indicating this area of practice must be listed on this supplement.

Name of Firm: _____

<p>1. Financial Institution: _____ City, State: _____</p> <p>Name of Attorney: _____ Work From: _____ To: _____ <small>(mm/dd/yyyy) (mm/dd/yyyy)</small></p> <p>Nature of Work Provided: _____</p> <p>Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No % Ownership: _____ Director: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Committee Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Committee: _____</p>
<p>2. Financial Institution: _____ City, State: _____</p> <p>Name of Attorney: _____ Work From: _____ To: _____ <small>(mm/dd/yyyy) (mm/dd/yyyy)</small></p> <p>Nature of Work Provided: _____</p> <p>Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No % Ownership: _____ Director: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Committee Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Committee: _____</p>
<p>3. Financial Institution: _____ City, State: _____</p> <p>Name of Attorney: _____ Work From: _____ To: _____ <small>(mm/dd/yyyy) (mm/dd/yyyy)</small></p> <p>Nature of Work Provided: _____</p> <p>Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No % Ownership: _____ Director: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Committee Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Committee: _____</p>
<p>4. Financial Institution: _____ City, State: _____</p> <p>Name of Attorney: _____ Work From: _____ To: _____ <small>(mm/dd/yyyy) (mm/dd/yyyy)</small></p> <p>Nature of Work Provided: _____</p> <p>Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No % Ownership: _____ Director: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Committee Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Committee: _____</p>

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

The Authorized Person signing below hereby represents to and assures ALPS Property & Casualty Insurance Company ("ALPS") that the information contained in this application supplement is true and correct and that this application supplement: (i) shall be a material part of the Firm's Application for Lawyers Professional Liability Insurance and is subject to the same terms and conditions; and (ii) shall be deemed incorporated into any insurance policy ALPS may issue to the applicant Firm.

Signature of Authorized Person

Date (mm/dd/yyyy)