

**LAWYERS PROFESSIONAL LIABILITY INSURANCE  
FINANCIAL INSTITUTION SUPPLEMENT**

**Medmarc Casualty Insurance Company** • PO Box 10809 • Chantilly, VA 20153-0809 • 800.356.6886 • 703.652.1300 • Fax 703.652.1389

Please complete this supplement if any lawyer listed on the application shows a percentage in the Banking/Financial Institutions area of practice.

Name of Applicant Firm: \_\_\_\_\_

1. What percentage of your services is for financial institution clients? ..... %
2. Of the percentage listed above, advise the percentage of these services that include:
  - a. Residential: loan documentation, real estate closings, foreclosures or title work ..... %
  - b. Commercial: loan documentation, real estate closings, foreclosures or title work ..... %
  - c. Financial/Investment advisory services ..... %
  - d. Provided responses to regulatory examinations, or advice on regulatory issues ..... %
  - e. Bankruptcy or collection ..... %
  - f. Trusts ..... %
    - a. Average number of trusts handled per year \_\_\_\_\_
    - b. Average trust value \_\_\_\_\_
    - c. Highest trust value \_\_\_\_\_
  - g. Other: \_\_\_\_\_ %
3. Is the applicant involved with the financial or valuation analysis of loan transactions? ..... Yes  No
4. Has the applicant rendered legal opinions regarding the legality, appropriateness or efficacy of any tax benefit transactions, tax treatment, tax strategy or tax shelters? ..... Yes  No
5. Complete the following for all Financial Institution clients. Attach additional sheets as needed.

Name and address of Financial Institution	Insured by the FDIC or NCUA?	Indicate all positions held	Percent Equity Interest	Involvement with loan approvals?	Initial formation or securities services?	Provide details for all services provided
	FDIC <input type="checkbox"/> NCUA <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/>	<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Loan Comm. <input type="checkbox"/> Gen. Counsel <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	FDIC <input type="checkbox"/> NCUA <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/>	<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Loan Comm. <input type="checkbox"/> Gen. Counsel <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	FDIC <input type="checkbox"/> NCUA <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/>	<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Loan Comm. <input type="checkbox"/> Gen. Counsel <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should have been known, and agrees that this application will be included in the basis of any coverage that may be issued by the Company.

Signature of Partner, Officer or Owner of Applicant Firm: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_ Title: \_\_\_\_\_