

ISBA MUTUAL INSURANCE COMPANY

FINANCIAL INSTITUTION SUPPLEMENT

PLEASE TYPE OR PRINT IN INK. COMPLETE ONE FORM FOR EACH FINANCIAL INSTITUTION CLIENT. If space is insufficient to answer any question, please use Applicant letterhead. Please answer all questions completely.

Applicant Name: _____ Policy No.: _____

Please complete a Supplement for each financial institution* client if any officer, partner or employee of your firm (or any predecessor firm) renders (rendered) professional services to or participated in the preparation of the financial institution's response to regulatory examination reports AND serves (served) as a director, committee member or officer of any bank, savings and loan, bank holding company or federal savings bank.

1. Name and primary location of financial institution:

Name

Street Address

City State Zip Code County

2. Is this financial institution a past or present client? Past Present

If **PRESENT**, date of affiliation with client. _____ / _____ / _____

If **PAST**, date services last provided. _____ / _____ / _____

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

If **YES**, please provide date of insolvency. _____

4. Has any member of the firm or predecessor firm served in the following capacity(ies) of this financial institution:

- | | |
|--|---|
| <input type="checkbox"/> Director or Officer | <input type="checkbox"/> Investment Advisory Committee Member |
| <input type="checkbox"/> Executive Committee Member | <input type="checkbox"/> Loan Committee Member |
| <input type="checkbox"/> Internal Audit Committee Member | <input type="checkbox"/> N/A |

5. Has any member of the firm, or predecessor firm served as a partner, held stock or any other ownership interest in this financial institution? Yes No

6. Please check all that apply with regard to legal services funded to this financial institution:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Assist in the preparation of this financial institution's response to regulatory examination reports | | | |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Counsel | <input type="checkbox"/> Foreclosures | <input type="checkbox"/> Loan Closings |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Environmental | <input type="checkbox"/> General Counsel | <input type="checkbox"/> Securities |

* Financial Institution means any bank, bank holding company, building and loan association, credit union, savings association, savings and loan, or any subsidiary or affiliate thereof.

I/We affirm that the information contained herein is true and complete to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Signature of Owner, Partner, or Officer _____ Date _____

Print Name _____ Title _____