

## Financial Institution Supplement

Firm: \_\_\_\_\_ Policy No.: \_\_\_\_\_

1. Is the Firm applying for a new policy with ISBA Mutual?  Yes  No

If **yes**, then respond to the question below for the period of the past **3 years**.

If **no**, then respond to the question below for the period of the past **12 months**.

2. Complete a Financial Institution Supplement for each insolvent Financial Institution for which the Firm or any lawyer of the Firm provided legal services while serving as a director, officer or committee member and/or held an equity interest. **"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.

- a. Name and primary location of the Financial Institution:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

- b. Date of the Financial Institution's insolvency: \_\_\_\_\_

- c. Dates of the Firm's affiliation with the Financial Institution: Start date: \_\_\_\_\_  
End date: \_\_\_\_\_ or  Ongoing

I/We affirm that after an inquiry of all lawyers of the Firm, 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.

Signature of Owner, Partner, or Officer (Lawyer Only) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_