



Wesco Insurance Company
 800 Superior Ave, E.
 21st Floor
 Cleveland, OH 44114

LAWYERS PROFESSIONAL LIABILITY
FINANCIAL INSTITUTION SUPPLEMENT

Full Name of Applicant Firm: _____

Complete this supplement for **EACH** Financial Institution that has been a client of the firm within the last three years.

1. Name of Financial Institution: _____

2. Type (check one): Bank Savings & Loan Savings Bank Other (Please describe) _____

3. Location: _____

4. Name(s) of attorneys representing this financial Institution: _____

Date(s) of representation: _____

5. Has this Financial Institution:

- Failed, merged or been sold at regulatory direction? Yes No
 If yes, explain: _____
- Operated or is operating under some form of Regulatory Agreement? Yes No
 If yes, explain: _____
- Been involved in subprime lending or loans to subprime borrowers? Yes No
 If yes, explain: _____

6. Check all professional services you render(ed) for this Financial Institution:

- General Counsel
- Regulatory Counsel
- Securities Counsel
- Fidelity Bond Claims
- Commercial Real Estate
- Foreclosure Work
- Collections/Bankruptcy
- Residential Real Estate
- Loan Documentation
- Other: _____

7. With regard to this Financial Institution, has any attorney or former attorney:

- a. Had loan commitments? Yes No
 If yes, describe: _____
- b. Held any equity interest? Yes No
 If yes, describe: _____
- c. Been a member of any internal committees of the above institution? Yes No
 If yes, describe: _____
- d. Date(s) of affiliation: _____

8. Is any litigation threatened or pending against any Director, Officer or other member of this Financial Institution? Yes No
 If yes, explain: _____

Signature of Officer or Partner of Firm

Print name of Officer or Partner

Date