



As used herein, Company refers to a member insurance company of Axis Insurance

# Area of Practice Supplement Application

## Financial Institution

N/A ☐



**Attorneys Advantage**

**Financial institution means any savings and loan association, bank, credit union, savings bank, banking and loan association, commercial banking institution or any lending affiliate thereof.** Please attach a separate sheet for additional financial institutions to explain your activities more fully.

1. Has any financial institution client been declared insolvent or operated under regulatory direction or regulatory agreement by the FDIC, OCC, OTS or any other governmental agency? ☐ Yes ☐ No

*If "Yes", in the table below, provide the name and location of the financial institution, the dates and nature of the services provided and estimated billings received.*

2. Has any member of your firm served as:

i. Had a loan commitment with any financial institution while they were a client? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ii. Held stock or other equity interest in any financial institution while they were a client? <input type="checkbox"/> Yes <input type="checkbox"/> No	
iii. Participated or assisted in the preparation of any financial institution's response to regulatory examination reports? <input type="checkbox"/> Yes <input type="checkbox"/> No	
iv. Participated or assisted in the rendering of advice on regulatory issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	
v. Acted in the capacity of, or provided legal services pertaining to:	
a. General Counsel <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Regulatory Counsel <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Investment Advisory Committee Member <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Executive Committee Member <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Loan Policy Committee Member <input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Audit Committee Member <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Loan Closings <input type="checkbox"/> Yes <input type="checkbox"/> No	
h. Loan Documentation <input type="checkbox"/> Yes <input type="checkbox"/> No	
i. Litigation <input type="checkbox"/> Yes <input type="checkbox"/> No	
j. Securities Work <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(If "Yes" to any parts of questions (b) or (c) above, please explain and provide details on a separate sheet of paper.)</b>	
vi. What is the highest percentage of the Applicant Firms annual gross revenues, in any of the past three (3) fiscal years, which were attributable to legal services rendered to any single financial institution client? _____ %	

\*If 1 and 2 are marked "No" further information is not required. Please sign and date below.

*Complete the following only if required in items 1&2 above. Attach additional sheets if necessary.*

FINANCIAL INSTITUTION AND LOCATION	GENERAL DESCRIPTION OF SERVICES PROVIDED	DATE(S) OF SERVICES	ATTORNEY(S) OFFICIAL CAPACITIES EQUITY VALUE OF OWNERSHIP
Name		From	Attorney(S)
City		To	Official Capacity
State		\$ Billing	% Of Ownership
Insolvency Dates		\$	
Name		From	Attorney(S)
City,		To	Official Capacity
State		\$ Billing	% Of Ownership
Insolvency Dates		\$	

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

**Sign and date in ink**

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

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_