



Firm \_\_\_\_\_

**Financial Institution Supplement** **S-8.2**

**Complete a separate form for each institution for which services have been performed during the past five years. (If holding company, complete for each financial institution.)**

- 1. a. Name of institution: \_\_\_\_\_  
 b. Address of institution: \_\_\_\_\_
- 2. Type of institution (Financial Institutions are defined as Banks, Bank Holding Companies, Savings Associations, Savings & Loans, Credit Unions, Thrifts, Insurance Companies, Investment and Mortgage Banks): \_\_\_\_\_
- 3. Are annual engagement letters used for this service?  Yes  No
- 4. Describe the nature of services performed: \_\_\_\_\_
- 5. a. Institution's equity to asset ratio for the most recent quarter: \_\_\_\_\_  
 b. Insurance company's current A.M. Best Rating: \_\_\_\_\_
- 6. Has the institution failed, been declared insolvent, been placed into receivership, liquidated, been under conservatorship control or been operating under regulatory agreement or direction?  Yes  No  
 If "Yes", provide date of action and explanation. \_\_\_\_\_
- 7. Provide the first date and the most recent date for services performed for this institution.  
 First date: \_\_\_\_\_ Most recent date: \_\_\_\_\_
- 8. Were any owners or employees of the Firm also directors, officers, employees, or committee members of the financial institution during the period when the work was performed?  Yes  No
- 9. Does the Firm have any written policies regarding owners or employees of the Firm having an equity interest or loan commitments with financial institution clients?  Yes  No

10. Complete the following table in respect to the Firm's financial institution practitioners' expertise.

Individual(s)	Number of Years Financial Institution Experience	Number of Hours Financial Institution CPE in Past 12 months

- 11. Is each audit engagement subject to an independent review by someone with financial institution experience who did not participate in the engagement?  Yes  No

I recognize that information submitted on this supplement becomes a part of my application for coverage and is therefore subject to all of the representations and conditions of that application.

Signature \_\_\_\_\_ Date \_\_\_\_\_