Accountants Professional Liability Insurance Application

Firm _____

Financial Institution Supplement S-8.2

Complete a separate form for <u>each</u> institution for which services have been performed during the past five (5) years. (If client is a holding company, complete for each of its financial institutions.)

1. a. Name of institution: _____
   Name of Holding Company (if applicable): _____
   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, Broker/Dealers): _____

3. Are annual engagement letters used for these services? ☐ Yes ☐ No

4. Describe the services performed: _____

5. If audit services were provided, has the Firm ever issued a going concern qualification? ☐ Yes ☐ No
   If "Yes", provide year(s) issued and report date(s): _____

6. a. Institution's equity to asset ratio for the most recent quarter: _____
   b. Insurance company's current A.M. Best Rating: _____

7. 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 nature and date of action: _____

8. Provide the first date and the most recent date for services performed for this institution.
   First date: _____ Most recent date: _____

9. 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

10. Does the Firm have any written policies prohibiting owners or employees of the Firm having an equity interest or loan commitments with financial institution clients? ☐ Yes ☐ No

11. 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

12. Is each audit engagement subject to an independent review by someone with financial institution experience and 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.

Completion of this supplement does not guarantee that coverage will be automatically granted. Any coverage will be subject to underwriting review.

<u>WARNING – Residents of Maryland</u>
Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature _____ Date _____