



Firm _____

Financial Institution Supplement

S-8.2

Complete a separate form for each 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.

FRAUD WARNINGS – Residents of California

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Signature _____ Date _____