

**St. Paul Fire and Marine Insurance Company  
Saint Paul, Minnesota**

Complete this supplement if you provide any of the following services to any Financial Institution, or if you have such provided such services during the past 36 months:

- General Counsel (*This means working on retainer or providing the majority of the legal work for the Financial Institution*)
- Advise concerning regulatory issues or response to regulatory agencies.
- Securities work or corporate transactional work such as mergers and acquisitions.

Your Name (*legal name of the law firm or individual applying for this insurance*):

**INDIVIDUAL INSTITUTION INFORMATION**

1. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does The St. Paul provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
2. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does The St. Paul provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
3. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does The St. Paul provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
4. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does The St. Paul provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

5. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )

Legal services have been provided for the following years:  
from \_\_\_\_\_ to \_\_\_\_\_

Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities:

General Counsel     Regulatory     Securities

Does The St. Paul provide the blanket bond coverage?     Yes     No     Unknown

6. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution ( <i>city, state</i> )	Address of Parent or Holding Company ( <i>city, state</i> )

Legal services have been provided for the following years:  
from \_\_\_\_\_ to \_\_\_\_\_

Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities:

General Counsel     Regulatory     Securities

Does The St. Paul provide the blanket bond coverage?     Yes     No     Unknown

**FRAUD WARNING NOTICE**

If a state Fraud Warning Notice applies, read, sign, and attach the Fraud Warning Notice List (Form 55306) to this application.

**YOUR SIGNATURE AND AUTHORIZATION**

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all to the following:

- The statements and representations made in this supplement are true and complete and will be deemed material to the acceptance of the risk assumed by The St. Paul in the event an insurance policy is issued.
- If the information supplied in this supplement changes between the date of the application and the effective date of any insurance policy issued by The St. Paul in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- The St. Paul is authorized to make an investigation and inquiry in connection with this supplement.
- The St. Paul is not bound or obligated to issue any insurance policy or to provide the insurance requested in this supplement.

Signature ( <i>Partner, Member, Officer, Shareholder</i> )	Title	Date
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**Important note.** This supplement to your application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by The St. Paul. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.