

- St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota
- St. Paul Mercury Insurance Company, Saint Paul, Minnesota
- St. Paul Guardian Insurance Company, Saint Paul, Minnesota

**Please complete this Supplement and submit it to Travelers along with your completed Lawyers Professional Liability Insurance Application, (form 58459) if instructed to do so. You agree that this Supplement will become part of your application for Lawyers Professional Liability Insurance and is subject to the same terms.**

1. Name(s) of Legal Entity(ies) to be insured (as referenced on your letterhead)

2. With regard to any financial institution client(s) within the past six (6) years, has any member or former member of the Firm:

- a. Performed services other than bankruptcy, collection, loan documentation/workout, real estate closings/foreclosures, title work/conveyances or trust work? .....  Yes  No
- b. Served as general counsel, CEO, chairman, president, officer, director or member of any internal committee? .....  Yes  No
- c. Had any equity interest or loan commitments? .....  Yes  No
- d. Had a client been declared insolvent or operated under regulatory direction or agreement? .....  Yes  No

*If yes to any part of Question 2 above, please answer Questions 3 through 5.  
If no to all parts of Question 2 above, no further information is required other than signature.*

3. a. Name of Financial Institution: \_\_\_\_\_  
b. Location (City, State): \_\_\_\_\_  
c. Nature and capacity of services Applicant Firm provided (please be as specific as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Name of firm member(s) or former member(s) who provides or provided above professional services:

\_\_\_\_\_

e. Dates of services, from \_\_\_\_\_ to \_\_\_\_\_.

f. Still a client? .....  Yes  No

g. Date of insolvency, take-over or merger, if applicable: \_\_\_\_\_.

4. With regard to the above institution, has any member or former member of the Firm:

a. Been a member of any internal committee(s) such as but not limited to the executive, loan policy, audit or investment advisory committee(s)? .....  Yes  No

*If yes, please identify the type of committee(s) and dates of participation:*

\_\_\_\_\_

b. Acted as director or officer? .....  Yes  No

c. Acted as general counsel? .....  Yes  No

d. Has loan commitments? .....  Yes  No

*If yes, please describe type and amount:* \_\_\_\_\_

- e. Held stock or other financial interest? .....  Yes  No  
*If yes, what is the dollar value of such interest \$ \_\_\_\_\_, the percentage of such interest \_\_\_\_\_% and is the institution:  publicly owned/traded or  privately held?*
- f. Participated in the preparation of a response to regulatory examination reports? .....  Yes  No
- g. Participated or assisted in the rendering of advice on regulatory issues? .....  Yes  No
5. Has any regulatory authority filed any lawsuit or is any litigation (including any shareholder derivative action) pending against any director or officer of the above financial institution? .....  Yes  No  
*If yes, please provide complete details: \_\_\_\_\_*  
 \_\_\_\_\_

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For all other applicable state fraud warnings, please see the main application.

**NOTICE**

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature of Owner, Partner or Principal	Title	Date
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