



**ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
SUPPLEMENTAL INFORMATION SHEET B:
FINANCIAL INSTITUTIONS AND INSURANCE COMPANIES**

**Return to: Bollinger, Inc.
400 Market Street, Suite 450
Philadelphia, PA 19106**

Please complete one form for each financial institution or insurance company client. If space is insufficient to answer any questions completely, please attach a separate sheet.

Name of Applicant: _____

For **both Financial Institution and Insurance Company clients**, answer questions 1, 2 and 3.

1. a) Client name: _____
b) Location(s): _____
2. a) Time period of services provided: _____ (mo/yr) to _____ (mo/yr)
b) Describe all services provided: _____
c) Was an engagement letter used? Yes No
3. Provide a listing of the accountants who provide service to this client, including number of years of experience and continuing education in the relevant area of practice.

Please complete questions 4, 5 and 6 **for Financial Institution clients only**. Financial institutions are defined as **banks**, savings and loans, thrifts, credit unions, bank holding companies and building and loan associations.

4. Type of Institution _____
5. Has the financial institution ever operated under regulatory direction or agreement, been placed in receivership, conservatorship or bankruptcy? Yes No
6. With respect to the financial institution listed in question 1, has any member (or former member) of the Applicant:
 - a) Had a loan commitment? Yes No
 - b) Acted as a director, officer, trustee or employee? Yes No
If "Yes" specify function and dates of service: _____
 - c) Been a member of any internal committee? Yes No
If "Yes" specify committee name and function _____
 - d) Held stock or other financial interest? Yes No
If "Yes" describe the ownership arrangement and provide the dollar value: _____

BY SIGNING THIS APPLICATION I HEREBY AUTHORIZE THE INSURANCE COMPANY TO USE THE INFORMATION CONTAINED IN THIS APPLICATION AND IN THEIR FILES FOR THE PURPOSE OF UNDERWRITING THIS INSURANCE. THE UNDERSIGNED IS AUTHORIZED BY AND ACTING ON BEHALF OF THE FIRM AND REPRESENTS THAT ALL STATEMENTS ARE TRUE, COMPLETE AND ACCURATE AND THAT THERE HAS BEEN NO SUPPRESSION OR MISSTATEMENT OF FACT AND AGREES THAT THIS APPLICATION SHALL BE THE BASIS OF COVERAGE.

THE APPLICANT AND FIRM ACCEPT NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS SUPPLEMENT THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.

Print Name _____ Date _____
Signed _____ Title _____