

Name of Insurance Company to which Application is made (herein called the "Insurer")

**Bankers Professional Liability Supplemental Application
to the Financial Institutions Risk Protector® Application**

NOTICE AND INSTRUCTIONS: This supplemental application is attached to, and part of, the Financial Institutions Risk ProtectorSM Application completed by the Applicant. Complete all Sections for the professional services that you have requested in Section G.3 of the Financial Institutions Risk ProtectorSM Application. Any policy issued by the Insurer shall rely upon the truth and accuracy of the statements, representations and materials submitted in connection with this supplemental application which shall form the basis of any such policy should one be issued. It is essential that all the questions be answered accurately and completely.

Section 1. *The administration of trusts, estates or guardianships within the Company's Trust Department, including the rendering of investment advice and valuation services in connection therewith.*

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

- 1. (a) Year Trust Department established: _____
- (b) Number of branches with trust functions: _____
- (c) Staffing:
 - (i) Average length of trust experience for all trust officers _____
 - (ii) Have there been any changes in senior management of trust functions within the past three (3) years?
Yes No

If "Yes," please explain: _____

2. With respect to all accounts in the Trust Department, please provide the following (include consolidated information for the Applicant and all Subsidiaries):

| | Number of Accounts | Market Value Assets Managed (in 000's) | Discretionary | Advisory | Custodial |
|--|--------------------|--|---------------|----------|-----------|
| Individual Accounts, Trusts, Estates (excluding ERISA) | | \$ | % | % | % |
| ERISA Accounts: | | \$ | % | % | % |

| | | | | | |
|-------------------------------------|--|----|---|---|---|
| • Fiduciary Plans | | \$ | % | % | % |
| • Non-ERISA Pension Plans | | \$ | % | % | % |
| • Other Institutional | | \$ | % | % | % |
| • Other (please specify): _____ | | \$ | % | % | % |
| Corporate Trust: | | | | | |
| • Trustee under Bond Indenture | | \$ | % | % | % |
| • Fiscal Agent | | \$ | % | % | % |
| • Escrow Agent | | \$ | % | % | % |
| • Register | | \$ | % | % | % |
| • Dividend Disbursing | | \$ | % | % | % |
| • All Other (please specify): _____ | | \$ | % | % | % |
| Mutual Funds: | | | | | |
| • Custodian | | \$ | % | % | % |
| • Transfer Agent | | \$ | % | % | % |
| • Register | | \$ | % | % | % |
| • Dividend Disbursing | | \$ | % | % | % |
| • All Other (please specify): _____ | | \$ | % | % | % |
| TOTAL | | \$ | % | % | % |

3. Trust Accounts:

4. (a) Is this service rendered under a contract? Yes No

| | |
|--|----|
| (1) Asset value of largest Managed/Discretionary account | \$ |
| (2) Asset value of largest Non-Discretionary account | \$ |
| (3) Asset value of largest custodial account | \$ |
| (4) Average number of accounts handled per officer | |

(b) If 4(a) is "Yes," please answer the following:

(1) Are all contracts approved by counsel? Yes No

(2) Do all contracts provide indemnity and/or limitations to the Applicant's liability? Yes No

(c) If 4(a), (b)(1) or (b)(2) are "No," please describe by addendum how the Applicant protects itself from liabilities of its predecessors, if any.

5. Does the Trust Department perform management or advisory functions with respect to:

| | | Yes | No | If "Yes," % of Trust Department Assets | % of Trust Revenue | No. of Clients |
|-----|---|--------------------------|--------------------------|--|--------------------|----------------|
| (a) | Closely-held businesses | <input type="checkbox"/> | <input type="checkbox"/> | % | % | |
| (b) | Farm and ranches | <input type="checkbox"/> | <input type="checkbox"/> | % | % | |
| (c) | Other real estate (please specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ % | _____ % | _____ |
| (d) | Oil, gas or other mineral | <input type="checkbox"/> | <input type="checkbox"/> | % | % | |
| (e) | Timber assets | <input type="checkbox"/> | <input type="checkbox"/> | % | % | |
| (f) | Other | <input type="checkbox"/> | <input type="checkbox"/> | % | % | |

6. Does the investment division of the Trust Department recommend or provide any of the following specialty investments:

| | | Yes | No | If "Yes," % of Total Investment Assets |
|-----|--|--------------------------|--------------------------|--|
| (a) | Below Investment Grade Bond | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| (b) | Cattle Trusts or Ventures | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| (c) | Commodities or Commodity Futures | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| (d) | Other Futures | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| (e) | Precious Metals | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| (f) | Mortgages, Mortgage Pools, or Other Mortgage Backed Securities | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| (g) | Oil/Gas Leases or Investments | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| (h) | Option Contracts | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| (i) | General or Limited Partnerships | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| (j) | Real Estate | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| (k) | Foreign Securities listed on North American Exchange | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| (l) | Securities (Non-Domestic Stock Exchange) | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| (m) | Over the counter Securities | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| (n) | Restricted Securities | <input type="checkbox"/> | <input type="checkbox"/> | \$ |

7. (a) Does the Trust Department have an approved list of securities which can be recommended to its clients?
 Yes No

(b) How are exceptions to the list handled? _____

8. Does the Trust Department invest assets in any CD's provided by the Applicant or in the stock of the

Applicant? Yes No

If "Yes," are these investments approved in a trust agreement? Yes No

9. (a) Does the Trust Department enter into any Repurchase/Reverse Repurchase Agreements and/or similar type transactions with Broker-Dealers in securities that involve the assets of any trust account? Yes No

(b) If "Yes," please attach a list of dollar amounts outstanding and the name(s) of the Broker-Dealer.

(c) Please describe the procedures used to account for collateral in these types of transactions:

10. Does the Trust Committee:

(a) Approve new accounts? Yes No

(b) Approve closing of accounts? Yes No

(c) Annually review administration of accounts? Yes No

(d) Annually review discretionary distributions? Yes No

(e) Annually review the investments in each account? Yes No

If "No" to any of the above, please describe by addendum, procedures applying to the above situations.

11. Are directors, officers, and employees prohibited from purchasing trust assets? Yes No

12. Does the Applicant have a special unit which administers accounts which are subject to ERISA?

Yes No

If "No," please describe the procedures for insuring that such accounts are administered in compliance with ERISA. _____

13. (a) State the frequency and dates of the most recent internal, external, and regulatory audits of Trust Department and Common Trust Funds:

| | TRUST DEPARTMENT | | COMMON TRUST FUNDS | |
|------------|------------------|-------|--------------------|-------|
| | Frequency | Audit | Frequency | Audit |
| Internal | | / / | | / / |
| External | | / / | | / / |
| Regulatory | | / / | | / / |

(b) Were any recommendations or criticisms made in the most recent audits and have all recommendations or criticisms been corrected?

| | RECOMMENDATIONS | | CORRECTED | |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| Internal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| External | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Regulatory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. Has the Applicant divested or discontinued any trust functions within the past 24 months or does it intend to do so within the next 12 months? Yes No

If "Yes," please describe by addendum.

15. Does the Applicant control 5% or more of the stock of any corporation via its trust functions? Yes No

If "Yes," please attach a list thereof and description of the means by which control was obtained, i.e., through individual purchase or in a single block through an existing trust or estate, additionally list any employees appointed by the Applicant to serve as director, or officer in the management of, or the actual operation of, the corporation.

16. (a) Please describe or name the trust accounting system and installation date:

(b) Are there plans to change the trust accounting system in the next 12 months? Yes No

17. Please indicate whether the Applicant performs the following Professional Services in its Trust Department.

If "Yes," please complete the Section designated for each Professional Service performed as indicated below:

| | |
|--|--|
| The administration of individual Retirement Accounts or Keogh Retirement Accounts. (Complete Section 2) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Acting as a receiver, trustee in bankruptcy or assignee for the benefit of creditors. (Complete Section 3) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| The administration of a program for the lending of securities administered for trust and custodial customers where there is a specific written instrument authorizing the Applicant to so act on behalf of such customer. (Complete Section 4) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Acting as a trustee under bond indenture. (Complete Section 5) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Acting as a dividend disbursing agent, exchange agent, redemption or subscription agent, or warrant or scrip agent. (Complete Section 6) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Acting as a fiscal or paying agent, or tax withholding agent. (Complete Section 7) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Acting as a custodian or depository, or a managing agent for securities or money. (Complete Section 8) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Acting as an escrow agent. (Complete Section 9) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Acting as a registrar, transfer agent or clearing agent. (Complete Section 10) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Section 2. The administration of Individual Retirement Accounts or Keogh Retirement Accounts.

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. Indicate:

| | Total Asset Value Administered In Trust Dept. | Total Asset Value Administered Outside Trust Dept. | Number of Accounts | Value of Largest Account |
|-------|---|--|--------------------|--------------------------|
| IRA | \$ | \$ | | \$ |
| Keogh | \$ | \$ | | \$ |

2. Please indicate the investment vehicles other than any CD's or Money Market Funds in which the assets of IRA and Keogh Accounts may be invested by the Applicant:

(a) Trust Department: _____

(b) Other than Trust Department: _____

3. Can funds from these accounts be invested in investment products not managed by the Applicant?

Yes No

If "Yes," please indicate the types of investments and organizations which manages them:

4. (a) Is this service rendered under a contract? Yes No

(b) If 4(a) is "Yes," please answer the following:

(1) Are all contracts approved by counsel? Yes No

(2) Do all contracts provide indemnity and/or limitations to the Applicant's liability? Yes No

Section 3. *Acting as a receiver, trustee in bankruptcy or assignee for the benefit of creditors.* Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. List the number of bankruptcies this service is performed for annually:

Within the Applicant's Trust Department: _____

Outside the Applicant's Trust Department: _____

2. Is the officer authorized to carry out these duties an attorney? Yes No

If "No," please describe training/experience: _____

3. Are separate records and accounts maintained for each creditor in each bankruptcy? Yes No

If "No," indicate the policies and procedures which are followed: _____

4. Do the Applicant's policies and procedures require that communications with creditors be documented in writing regarding such item as disbursement of funds, settlements, pending suits? Yes No

5. What is the largest asset size bankruptcy this service has been provided for? _____
6. (a) Is this service rendered under a contract? Yes No
- (b) If 6(a) is "Yes," please answer the following:
- (1) Are all contracts approved by counsel? Yes No
- (2) Do all contracts provide indemnity and/or limitations to the Applicant's liability? Yes No

Section 4. *The administration of a program for the lending of securities administered for trust and custodial customers where there is a specific written instrument authorizing the applicant to so act on behalf of such customer.*

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

| | | Within Trust Department | Outside Trust Department |
|----|---|------------------------------------|-------------------------------------|
| 1. | What is the average value of securities lending on a given day? | \$ | \$ |
| 2. | How many Broker/Dealers or other institutions participate in the program? | | |
| 3. | List the average amount lent on a normal day. | \$ | \$ |
| 4. | List the largest amount lent at anyone time in the past year. | \$ | \$ |

5. Attach a description of the Applicant's procedures for qualifying Broker/Dealers or institutions to participate in the program and the minimum standards for participation. Include a list of approved Broker/Dealers or other institutions.
6. Please describe the minimum size and type of Accounts whose securities are selected for participation in the program: _____
7. What is the minimum amount of collateral required when making a loan? \$ _____
8. (a) Is this service rendered under a contract? Yes No
- (b) If 8(a) is "Yes," please answer the following:
- (1) Are all contracts approved by counsel? Yes No
- (2) Do all contracts provide indemnity and/or limitations to the Applicant's liability? Yes No
9. Attach a copy of Broker/Dealer and Client Agreements.

Section 5. *Acting as a trustee under bond indenture.*

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. In each category for which the Applicant serves as trustee, please indicate the number of issues and the volume in each issue:

| Type | Number of Issues | Total Volume Within Trust Department | Total Volume Outside of Trust Department | Volume of Largest Issue |
|--------------------------|------------------|--------------------------------------|--|-------------------------|
| Corporate | | \$ | \$ | \$ |
| Government Municipal | | \$ | \$ | \$ |
| Special Authority State | | \$ | \$ | \$ |
| Industrial Revenue Bonds | | \$ | \$ | \$ |
| Other (please specify): | | \$ | \$ | \$ |

2. Are any issues in default? Yes No

If "Yes," provide by addendum, information regarding the type, number of issues, and amount of debt outstanding in defaulted issues.

3. (a) Is this service rendered under a contract? Yes No

(b) If 3(a) is "Yes," please answer the following:

(1) Are all contracts approved by counsel prior to acceptance of the appointment? Yes No

(2) Do all contracts provide indemnity and/or limitations to the Applicant's liability? Yes No

(c) If 3(a), (b)(1) or (b)(2) are "No," please describe by addendum how the Applicant protects itself from liabilities.

4. Please describe the policies and procedures which would be followed in handling threatened or actual default:

5. Does the Applicant obtain an independent valuation of assets prior to release of collateral? Yes No

If "No," please describe the policies and procedures followed: _____

Section 6. Acting as a dividend disbursing agent, exchange agent, redemption or subscription agent, or warrant or scrip agent.

Section 7. Acting as a fiscal or paying agent, or tax withholding agent.

Section 8. Acting as a custodian or depository, or a managing agent for securities or money.

Section 9. Acting as an escrow agent.

Section 10. Acting as a registrar, transfer agent or clearing agent.

Coverage Requested? Yes No

Please complete this Section if applying for coverage for any of these professional services.

1. Does the Applicant engage in any of the following activities by acting as a(n):

| | | Yes, Within Trust Department | Yes, Outside Trust Department | No |
|----|---|------------------------------------|-------------------------------------|--------------------------|
| A. | Dividend disbursing agent, exchange agent, redemption or subscription agent, or warrant or scrip agent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Fiscal or paying agent, or tax withholding agent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Custodian or depository or a managing agent for securities or money? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Escrow agent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Registrar, transfer agent, or cleaning agent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Answer the following questions for each of the activities described above. Indicate a "Yes" response by placing an "X" in the appropriate column (designated A, B, C, D, E). If the response is "No", leave blank.

| | | A | B | C | D | E |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | Are the documents designating the Applicant as agent for this function reviewed by Applicant counsel prior to acceptance of the appointment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | If "No," for each activity without these written guidelines, attach by exhibit the policies and procedures followed. | | | | | |
| 2. | Does the Applicant have written policies and procedures governing the administration of these functions including: | | | | | |
| | • Reconciliation of accounts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Handling unclaimed funds? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Determining whether the Applicant has received valid authority to disburse? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | In the past 12 months, has the Applicant filed any reports with regulatory agencies (e.g., Comptroller of the Currency, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | SEC) as required by law or regulation, because it was not able to meet statutory or regulatory guidelines for the prompt processing of payments, transfers, or other activities cited above? | | | | | |
| | If "Yes," provide details and a description of any corrective actions for each activity marked "Yes." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Does the Applicant maintain a separate clearing account for each of these functions which clearly segregates clients' funds from the Applicant's own accounts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | If "No," for each activity where this is not the case, please provide by attachment the details of how these funds are segregated from the Applicant's funds. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | (a) Is this service rendered under a contract? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | (b) If 5(a) is "Yes," please answer the following: | | | | | |
| | (1) Are all contracts approved by counsel? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | (2) Do all contracts provide indemnity and/or limitations to the Applicant's liability? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | List the total number of clients the Applicant provides each service to outside of any Trust Department operated by the Applicant. | | | | | |
| 7. | List the annual revenue values earned from each service by the Applicant outside of any Trust Department operated by the Applicant. | | | | | |

Section 11. Acting as a fiduciary as defined by the Employee Retirement Income Security Act of 1974.

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. For each type of the following services offered outside of any Trust Department operated by the Applicant indicate the number of accounts, total assets, and size of largest account.

| Type | No. of Accounts | Total Assets | Size of Largest Account |
|------------------|-----------------|--------------|-------------------------|
| Pension Accounts | | \$ | \$ |
| 401K Plans | | \$ | \$ |
| Thrift Plans | | \$ | \$ |
| ESOP | | \$ | \$ |
| Total | | \$ | \$ |

2. What functions does the Applicant perform for these accounts?

| Function | Assets in Category |
|-------------------------|--------------------|
| Trustee | \$ |
| Plan Administrator | \$ |
| Custodian | \$ |
| Record Keeper | \$ |
| Investment Advisor | \$ |
| Master Trustee | \$ |
| Other (please specify): | \$ |

3. What policies and procedures are followed for monitoring the performance of other companies/professionals who are involved with the account(s)? _____

4. Does the Applicant manage a special group of pooled funds for ERISA accounts? Yes No

If "Yes," submit the last two annual reports for these funds.

5. Are any assets which the Applicant holds as an ERISA fiduciary invested outside North America?

Yes No

If "Yes," indicate Applicant's role:

| | Assets in Category |
|--------------------|--------------------|
| Custodian | \$ |
| Investment Manager | \$ |

6. Are any of the accounts invested in mutual funds managed by other organizations? Yes No

If "Yes," please indicate the funds, investment manager and asset size:

| Fund Name | Manager | Assets Invested |
|-----------|---------|-----------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

7. Are ERISA accounts managed by a special unit? Yes No

If "Yes," please indicate average years of experience of officers. _____

8. Is the unit subject to oversight by the Applicant's Trust Committee? Yes No

If "No," please indicate the policies and procedures for oversight of the activities of the unit.

9. (a) Is this service rendered under a contract? Yes No

(b) If 9(a) is "Yes," please answer the following:

(1) Are all contracts approved by counsel? Yes No

(2) Do all contracts provide indemnity and/or limitations to the Applicant's liability? Yes No

(d) If 9(a), (b)(1) or (b)(2) are "No," please describe by addendum how the Applicant protects itself from liabilities.

Section 12. Acting as a tax planner and/or tax preparer to trusts, estates and individuals.

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. Indicate whether tax planning is provided for the following outside of any Trust Department operated by the Applicant:

| | Yes | No | # of Accounts | Total Fees |
|--|--------------------------|--------------------------|---------------|------------|
| Trusts | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| Estates | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| Individuals who are customers for other services | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| Any individual not a customer for other services | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |

2. Indicate whether tax preparation is provided for the following outside of any Trust Department operated by the Applicant:

| | Yes | No | # of Accounts | Total Fees |
|--|--------------------------|--------------------------|---------------|------------|
| Trusts | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| Estates | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| Individuals who are customers for other services | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| Any individual not a customer for other services | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |

3. If tax planning and preparation services are offered outside of the Trust Department, indicate the minimum education/experience requirements of staff: _____

4. Does the Applicant contract with third parties to provide tax planning and preparation for the Applicant's customers? Yes No

If "Yes," please indicate the vendor and the services provided: _____

Section 13. *The servicing of any loan, lease or extension of credit including, but not limited to, record keeping, billing and disbursements of principal and interest, insurance premium and taxes, determination of the depreciation amounts for leased property (but not for projections of or an appraisal for residual value of leased property). Loans shall include all types of consumer or commercial lending activity including consumer finance, commercial finance, consumer banking and mortgage banking (including mortgage backed securities or other securities representing pooled assets) except financing for Leveraged Buy-Outs.*

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. Please list types of loans and volume in each type:

| Type | Volume |
|--|--------|
| All Securitized Loans | \$ |
| All Mortgages (non-securitized) | \$ |
| Other Consumer | \$ |
| Other Commercial | \$ |
| Other (please specify): _____ _____ | \$ |

2. Please list types of leases and volume in each type:

| Type | Volume |
|-------------------------------|--------|
| Commercial Equipment | \$ |
| Marine | \$ |
| Real Estate | \$ |
| Aviation | \$ |
| Other (please specify): _____ | \$ |
| Total | \$ |

3. (a) Is this service rendered under a contract? Yes No

(b) If 3(a) is "Yes," please answer the following:

(1) Are all contracts approved by counsel? Yes No

(2) Do all contracts provide indemnity and/or limitations to the Applicant's liability? Yes No

(c) What clauses do the Applicant's contracts contain to protect the Applicant from the errors of any loan originators or to hold harmless or indemnify it for actions taken in accordance with contract terms?

4. When calculating the annual depreciation amounts for limited partners in lease arrangements, what methods and standards are followed? _____

5. Please describe, by addendum, any auditing procedures associated with this service.

Section 14. Acting as a securities broker/dealer for the account of others.

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. (a) Year Securities Broker was established: _____
- (b) Number of Registered Representatives: _____
- (c) Total annual revenue from brokerage commissions: _____
- (d) Average daily trading volume: _____
- (e) Average daily trading volume per account: _____
- (f) Highest trading volume anyone day in past 12 months: _____
- (g) Does the Applicant's Brokerage Department offer margin account? Yes No
 State percentage of volume: _____%

2. What percentage of accounts are:

| | | | |
|---------------|---|-------------------------|---|
| Individual | % | Corporate | % |
| Institutional | % | Others (please specify: | % |

3. (a) Give number of complaints received in the past three years: _____
- (b) How many were unresolved after 60 days: _____

4. State percent of revenues which are derived from the following:

| | | | | | |
|-----|------------------------------|---|-----|---|---|
| (a) | Listed Stocks | % | (h) | International Securities (non-domestic stock exchange) | % |
| (b) | Unlisted Stock | % | (i) | Mutual Funds | % |
| (c) | Bonds | % | (j) | Limited Partnerships | % |
| (d) | Unregistered Stocks or Bonds | % | (k) | Direct Private Placements | % |
| (e) | Commercial Paper | % | (l) | Market Making/Specialist | % |
| (f) | Options Contracts | % | (m) | Underwriting | % |
| (g) | Commodity Futures | % | (n) | Other (please specify): _____ | % |

5. (a) Does the Brokerage Department clear its own trades? Yes No
- (b) If "No," indicate the name of the broker or clearing agent used: _____
- (c) Is the selection reviewed annually? Yes No
- (d) Is there a hold harmless clause in the contract with the broker or clearing agent to protect the Applicant for

improperly executed trades? Yes No

6. (a) Do clients sign a written brokerage contract with the Applicant's Brokerage Department? Yes No
(b) Does the contract contain an arbitration agreement? Yes No
(c) If the operation is a discount brokerage, does the contract or other literature given to clients clearly define the Bank's responsibility and specifically indicate that no investment advice is to be given? Yes No
7. Please describe any auditing procedures associated with this service by addendum.

Section 15. Sale of Municipal General Obligation Bonds with an rating of A+ or better by Standard & Poor's or A1 or better by Moody's Investors Services at the time of issuance.

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. Please provide the following information:

| | |
|---|----|
| Number of Issues Sold in Past 12 Months | |
| Total Volume Sold in Past 12 Months | \$ |
| Size of Largest Issue Sold | \$ |

2. Does the Applicant actively recommend these bonds to its clients for investment purposes? Yes No

Please describe the Applicant's marketing policies and procedures: _____

3. Are offering statements made available to potential purchasers? Yes No

(a) If "Yes," does the Applicant require offering statements to be prepared by attorneys? Yes No

If "Yes," please describe what criteria are used to select the attorney: _____

(b) If "Yes," does the Applicant require offering statements to include financial statements prepared by CPA's?

Yes No

If "Yes," please describe what criteria are used to select the CPA's: _____

4. Does the Applicant have minimum financial requirements for groups or individuals to whom it will sell bonds?

Yes No

If "Yes," indicate requirements: _____

5. (a) Is this service rendered under a contract? Yes No

(b) If 5(a) is "Yes," please answer the following:

(1) Are all contracts approved by counsel? Yes No

(2) Do all contracts provide indemnity and/or limitations to the Applicant's liability? Yes No

(c) If 5(a), (b)(1) or (b)(2) are "No," please describe by addendum how the Applicant protects itself from liabilities.

Section 16. Acting as an investment advisor and/or financial advisor and/or economic advisor and/or investment manager (unless acting as an Investment Advisor to Investment Companies, as each is defined in the Investment

Company Act of 1940) pursuant to a written contract defining the scope of such advice and/or services and the compensation to be paid therefore, provided that these services are not rendered in the Insured's trust department.

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

A. INVESTMENT ADVISOR/INVESTMENT MANAGER

1. Indicate the number of customers or accounts for which investment advice is provided outside of any Trust Department operated by the Applicant. _____

(a) What is the total value of the assets for which investment advice is provided? _____

(b) What is the value of the largest account? _____

(c) What are the total fees earned by this service? _____

2. Are services provided for:

| | Yes | No |
|-------------------------|--------------------------|--------------------------|
| Individuals | <input type="checkbox"/> | <input type="checkbox"/> |
| Corporations | <input type="checkbox"/> | <input type="checkbox"/> |
| Charitable Institutions | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify): | <input type="checkbox"/> | <input type="checkbox"/> |

3. Are there established criteria for identifying individual customers for whom investment advisory services will be provided (e.g., income level, net worth)? Yes No

4. Do customers complete a questionnaire or other written document which clearly identifies and states the customer's investment objectives? Yes No

5. Does the Applicant recommend investments areas other than commonly traded securities? Yes No
If "Yes," please describe the specialty area, state its percentage of total investment assets, objectives of investment, and geographic location if applicable, by addendum.

6. (a) Is this service rendered under a contract? Yes No

(b) If 6(a) is "Yes," please answer the following:

(1) Are all contracts approved by counsel? Yes No

(2) Do all contracts provide indemnity and/or limitations to the Applicant's liability? Yes No

(c) If 6(a), (b)(1) or (b)(2) are "No," please describe by addendum how the Applicant protects itself from liabilities.

7. Please describe professional qualifications of individuals involved in the provision of this service.

B. FINANCIAL AND/OR ECONOMIC ADVISOR

1. Does the Applicant have an economic forecasting department? Yes No

If "Yes," please describe the qualifications of its principal managers and/or officers: _____

2. How many projects involving economic or financial advice did this department conduct for a fee last year?

What was the total fee income generated from these activities during the year? _____

3. Please describe, by addendum, the types of financial and economic advisory projects performed for commercial clients.

4. (a) Is this service rendered under a contract? Yes No

(b) If 4(a) is "Yes," please answer the following:

(1) Are all contracts approved by counsel? Yes No

(2) Do all contracts provide indemnity and/or limitations to the Applicant's liability? Yes No

(c) If 4(a), (b)(1) or (b)(2) are "No," please describe by addendum how the Applicant protects itself from liabilities.

5. Please describe professional qualifications of individuals involved in the provision of this service.

Section 17. Acting as a consumer financial planner to individuals.

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. Indicate the number of financial plans completed in the past 12 months outside of any Trust Department operated by the Applicant. _____

2. Do all financial planners have professional certifications such as CFP, CFA or equivalent training and experience? Yes No

3. Does the Applicant purchase financial planning services from an outside firm? Yes No

If "Yes," do the principals of the firm have professional certifications such as CFP, CFA or equivalent training and experience? Yes No

4. Does the Applicant utilize a purchased computerized planning model? Yes No

If "Yes," indicate the vendor of the computer model utilized and the model's name: _____

5. Please describe any auditing procedures associated with this service: _____

6. (a) Is this service rendered under a contract? Yes No

(b) If 6(a) is "Yes," please answer the following:

(1) Are all contracts approved by counsel? Yes No

(2) Do all contracts provide indemnity and/or limitations to the Applicant's liability? Yes No

(c) If 6(a), (b)(1) or (b)(2) are "No," please describe by addendum how the Applicant protects itself from liabilities.

Section 18. Acting as a wire transfer agent.

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. Please provide the following information about the Applicant's wire transfer services:

| | |
|--------------------------------|----|
| Number of Customers: | |
| Average Daily Volume: | \$ |
| Typical Highest Dollar Amount: | \$ |
| Typical Average Dollar Amount: | \$ |

2. Does the Wire Transfer Department maintain customer authorization records which list the individuals in a customer's firm who are approved for wire transfer along with the amounts authorized? Yes No
3. Does the Wire Transfer Department utilize tape recorded conversation verification procedures? Yes No
4. Does the Wire Transfer Department utilize second person call-back verification procedures? Yes No
5. Does the Applicant set internal wire transfer authorization levels? Yes No

Section 19. *Accounting, net asset valuation or transfer services for mutual funds that are Open-End Investment Companies as registered with the Securities and Exchange Commission under the Investment Company Act of 1940.* Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. Indicate the number of mutual funds that are open-end investment companies as defined by the Investment Company Act of 1940 for which services are provided outside of any Trust Department operated by the Applicant. _____

- (a) What is the total market value of the assets of these funds? _____
- (b) What is the value of the assets in the largest fund? _____
- (c) What is the asset value in all funds invested outside of North America? _____

2. Which of the following services does the Applicant provide?

| | Yes | No |
|-----------------------|--------------------------|--------------------------|
| Accounting | <input type="checkbox"/> | <input type="checkbox"/> |
| Valuation | <input type="checkbox"/> | <input type="checkbox"/> |
| Transfer Services | <input type="checkbox"/> | <input type="checkbox"/> |
| Custody of Securities | <input type="checkbox"/> | <input type="checkbox"/> |

3. Does the Applicant staff a separate servicing unit for Mutual Funds? Yes No

If "No," please identify what servicing units the specified services listed above are provided from:

4. Please describe, by addendum, any auditing procedures associated with these services.

5. (a) Is this service rendered under a contract? Yes No

(b) If 5(a) is "Yes," please answer the following:

(1) Are all contracts approved by counsel? Yes No

(2) Do all contracts provide indemnity and/or limitations to the Applicant's liability? Yes No

(c) If 5(a), (b)(1) or (b)(2) are "No," please describe by addendum how the Applicant protects itself from

liabilities.

Section 20. Acting as a notary public.

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. Indicate which of the following services are provided:

| | Yes | No |
|---------------------------------------|--------------------------|--------------------------|
| Services only for Applicant customers | <input type="checkbox"/> | <input type="checkbox"/> |
| Services for the public | <input type="checkbox"/> | <input type="checkbox"/> |

2. Does the Applicant have policies or procedures which govern the action of their notaries? Yes No

3. Is this service provided in Canada? Yes No

Section 21. Acting as a real estate broker or agent or real estate appraiser and/or managing real or personal property for others (other than Real Estate Investment Trust Management).

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. Please indicate the functions performed and volume/income:

(a) Broker or Agent: Yes No

If "Yes," provide the following information for the last year:

| | Number of Properties Sold | Total Value | Total Commissions |
|-------------------------|---------------------------|-------------|-------------------|
| Commercial | | \$ | \$ |
| Residential | | \$ | \$ |
| Other (please specify): | | \$ | \$ |
| Totals | | \$ | \$ |

Number of employees who are licensed as brokers/agents: _____

(b) Real Estate Appraiser: Yes No

If "Yes," provide the following information for the last year:

| | Number of Appraisals | Fee Income |
|-------------------------|----------------------|------------|
| Commercial | | \$ |
| Residential | | \$ |
| Other (please specify): | | \$ |
| Totals | | \$ |

Number of employees acting as real estate appraisers: _____

(1) Are all real estate appraisers required to obtain professional certification and belong to professional associations for appraisers? Yes No

If "Yes," indicate the certifications and professional associations: _____

(c) Real Estate Manager: Yes No

If "Yes," provide the following:

| | Number of Properties Managed | Estimated Total Value | Management Fees |
|-------------------------|------------------------------|-----------------------|-----------------|
| Commercial | | \$ | \$ |
| Residential | | \$ | \$ |
| Other (please specify): | | \$ | \$ |
| Totals | | \$ | \$ |

(1) Do sales contracts and/or property management contracts provide indemnity and/or limitations as to the Applicant's liability? Yes No

If "No," please explain policies and procedures: _____

(2) Does the Applicant require a hazardous waste survey before accepting appointment as manager of properties? Yes No

If "No," please explain policies and procedures: _____

(3) Does the Applicant have policies and procedures for its management of properties? Yes No

If "Yes," are there specific guidelines regarding the maintenance of insurance on managed properties?

Yes No

Section 22. Acting as an insurance agent or broker, or otherwise rendering advice or recommendations regarding insurance.

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. Indicate the types of insurance which the Applicant currently offers and the volume of each line during the last twelve (12) months:

| Type | Yes | No | 12 Month Volume | Income |
|-------------------------|--------------------------|--------------------------|-----------------|--------|
| Credit Life | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| Marine | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| Aviation | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| Other Life | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| Property and Casualty | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| Health and Disability | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |
| Other (please specify): | <input type="checkbox"/> | <input type="checkbox"/> | | \$ |

2. Does the Applicant solicit business only from Applicant customers? Yes No

If "No," please describe the Applicant's marketing strategies, e.g., direct mail, advertising, etc. by addendum.

3. How many officers or employees are licensed to sell insurance? _____
4. How many locations sell insurance? _____
5. Is any underwriting authority maintained within these operations? Yes No

If "Yes," please describe by addendum the product line and authority.

6. Identify by addendum insurance companies and their Best's Ratings which the Applicant transacts business with as brokers/agents.

Section 23. Sale of travelers checks, certified checks or money orders.

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. For the last twelve (12) months provide the volume sold in:

| | |
|------------------|----|
| Certified Checks | \$ |
| Money Orders | \$ |

2. Do procedures require that collected funds be verified before sale of certified checks, money orders, or travelers checks? Yes No

If "No," please describe procedure: _____

Section 24. The administration or sale of credit cards or credit card services.

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. If the Applicant sells credit cards through other entities, list the type of entity, number of accounts, and average outstanding balance during the last 12 months for each type of entity:

| Type of Entity | Number of Accounts | Average Balance |
|------------------------|--------------------|-----------------|
| Correspondent Bank | | \$ |
| Merchant | | \$ |
| Other Commercial | | \$ |
| Affinity Groups | | \$ |
| Other(please specify): | | \$ |
| Total | | \$ |

2. Indicate the types of credit card services the Applicant sells and the revenue from the sale of these services in the last twelve (12) months:

| | | | |
|----------------|--|-------------------------|--|
| Credit Scoring | Yes <input type="checkbox"/> No <input type="checkbox"/> | Credit Approval | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Card Issuance | Yes <input type="checkbox"/> No <input type="checkbox"/> | Accounting | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Collection | Yes <input type="checkbox"/> No <input type="checkbox"/> | Other (please specify): | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Total annual revenues from sale of services: _____

3. Do other firms provide the Applicant with any of the services listed in Question 2 above? Yes No

If "Yes," please indicate, by addendum, the service and firm.

(a) Are these services provided through a contractual agreement? Yes No

If "Yes," provide a copy of the contract.

4. Please describe, by addendum, any auditing procedure associated with these services.

5. (a) Is this service rendered under a contract? Yes No

(b) If 5(a) is "Yes," please answer the following:

(1) Are all contracts approved by counsel? Yes No

(2) Do all contracts provide indemnity and/or limitations to the Applicant's liability? Yes No

(c) If 5(a), (b)(1) or (b)(2) are "No," please describe by addendum how the Applicant protects itself from liabilities.

Section 25. The administration or lease of lockboxes.

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. How many lockbox customers does the Applicant have? _____

2. What are the total fees earned from this service annually? _____

3. Does the Applicant have a formal program to monitor the following:

| | Yes | No |
|-----------------|--------------------------|--------------------------|
| Volume | <input type="checkbox"/> | <input type="checkbox"/> |
| Error Rate | <input type="checkbox"/> | <input type="checkbox"/> |
| Processing Time | <input type="checkbox"/> | <input type="checkbox"/> |

(a) If the Applicant does not have a formal program, indicate how these items are monitored: _____

4. Does the Lockbox Department maintain customer authorization records which list individuals the customer's business who are authorized to perform lockbox transactions along with the amounts authorized?

Yes No

5. Does the Applicant prohibit commercial loan officers from unilaterally controlling funds in a customer's lockbox? Yes No

6. (a) Is this service rendered under a contract? Yes No

(b) If 6(a) is "Yes," please answer the following:

(1) Are all contracts approved by counsel? Yes No

(2) Do all contracts provide indemnity and/or limitations to the Applicant's liability? Yes No

(c) If 6(a), (b)(1) or (b)(2) are "No," please describe by addendum how the Applicant protects itself from liabilities.

Section 26. Electronic data processing services, data collection services or acting as a custodian for database or

sensitive information stored electronically.

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. Indicate the types of business services provided, and the annual income from each type:

| Type | Yes | No | Annual Fees |
|-----------------------------|--------------------------|--------------------------|-------------|
| Accounting | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Payroll | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Accounts Payable/Receivable | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Cost/Gen. Acct. | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Management Rep. | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Other* | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Total Fees | <input type="checkbox"/> | <input type="checkbox"/> | \$ |

*If Other, please describe by addendum.

2. Indicate the types of data services provided and percentage of data processing revenue derived from each:

| Type | Yes | No | % of Revenue |
|-----------------|--------------------------|--------------------------|--------------|
| Data Storage | <input type="checkbox"/> | <input type="checkbox"/> | % |
| Data Entry | <input type="checkbox"/> | <input type="checkbox"/> | % |
| Data Collection | <input type="checkbox"/> | <input type="checkbox"/> | % |
| Data Processing | <input type="checkbox"/> | <input type="checkbox"/> | % |
| Other* | <input type="checkbox"/> | <input type="checkbox"/> | % |

*If Other, please describe by addendum.

3. Does the Applicant have a comprehensive disaster recovery plan? Yes No

If "Yes," please indicate the name of the offsite center.

If "No," please indicate by addendum the procedures in place for disaster.

4. Does the Applicant have a specialized EDP audit staff? Yes No

If "Yes," are they required to obtain the Certified Information Systems Auditor designation? Yes No

5. Do clients have responsibility for determining the accuracy of results? Yes No

6. (a) Is this service rendered under a contract? Yes No

(b) If 6(a) is "Yes," please answer the following:

(1) Are all contracts approved by counsel? Yes No

(2) Do all contracts provide indemnity and/or limitations to the Applicant's liability? Yes No

(c) If 6(a), (b)(1) or (b)(2) are "No," please describe by addendum how the Applicant protects itself from liabilities.

Section 27. Specified Other Professional Service not listed above.

Coverage Requested? Yes No

Please complete this Section if applying for coverage for this professional service.

1. Please describe in detail the professional service for which coverage is desired:

2. Original year Applicant established the service described in question #1. _____

3. List annual gross receipts and number of clients associated with the service described above.

Receipts: \$ _____ Clients: _____

4. (a) Number of employees engaged in providing the service described above: _____

(b) Please describe their professional training or qualifications: _____

5. Please describe any auditing procedures associated with the service described above: _____

6. (a) Is this service rendered under a contract? Yes No

(b) If 6(a) is "Yes," please answer the following:

(1) Are all contracts approved by counsel? Yes No

(2) Do all contracts provide indemnity and/or limitations to the Applicant's liability? Yes No

(c) If 6(a), (b)(1) or (b)(2) are "No," please describe by addendum how the Applicant protects itself from liabilities.