

National Union Fire Insurance Company of Pittsburgh, Pa.®  
**LAWYERS PROFESSIONAL LIABILITY APPLICATION**  
**SUPPLEMENT E - FINANCIAL INSTITUTION QUESTIONNAIRE**  
**STATE OF FLORIDA**

(to be completed for each financial institution represented during the past two (2) years)

Name of Financial Institution	Location(s)	Years of Representation	Last Fiscal Year Gross Billings
			\$

1. Has this financial institution:

- a. Failed?  Yes  No
- b. Been merged or sold at regulatory direction?  Yes  No
- c. Currently under conservatorship control?  Yes  No
- d. Operate under any form of regulatory agreement?  Yes  No

If "Yes" to any of the above questions, please describe.

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2. a. Indicate the type of legal services provided to the financial institution:

- |                                |                          |                           |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| General Counsel                | <input type="checkbox"/> | Residential Loan Closings | <input type="checkbox"/> |
| Regulatory Counsel             | <input type="checkbox"/> | Commercial Loan Closings  | <input type="checkbox"/> |
| Stock Offering                 | <input type="checkbox"/> | Fidelity Bond Claims      | <input type="checkbox"/> |
| SEC Counsel                    | <input type="checkbox"/> | Foreclosure Litigation    | <input type="checkbox"/> |
| Residential Loan Documentation | <input type="checkbox"/> | Collections               | <input type="checkbox"/> |
| Commercial Loan Documentation  | <input type="checkbox"/> |                           |                          |

Other (please describe) \_\_\_\_\_

- b. Of the services listed above, were any related to subprime mortgages?  Yes  No

If "Yes", please describe.

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3. a. Does (or did, if the Firm no longer provides services for the financial institution) the Firm use engagement letters outlining the scope of its representation to the financial institution?

- Yes  No

- b. Does (or did, if the Firm no longer provides services for the financial institution) the Firm use scope of services letters on all new matters for the financial institution?  Yes  No

4. Are any partners/shareholders aware whether the FSLC or FDIC or their successors have filed any lawsuit, or whether any litigation pending against any director or officer of the financial institution?

Yes  No

If "Yes", please describe.

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5. Has any lawyer served as an officer or director of the above institution at any time during the past five (5) years?

Yes  No

If "Yes", please complete Supplemental Application G - Controlling Interest.

\_\_\_\_\_  
Authorized Representative of the Firm

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Attest

\_\_\_\_\_  
Title (Must be signed by the managing Partner,  
managing executive, principal, business manager  
or risk manager of the Firm)

**NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.**