

**LAWYERS PROFESSIONAL LIABILITY APPLICATION
SUPPLEMENT E - FINANCIAL INSTITUTION QUESTIONNAIRE
STATE OF MAINE**

(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.

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.

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.

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 MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.