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Name of Insurance Company to which **Application** is made (herein called the "**Insurer**")**ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE APPLICATION**  
**FINANCIAL INSTITUTION SUPPLEMENT**  
Supplement No. 4

**Please complete this supplement if directed by the main-form Application. Please copy this form and fill out a separate form for each engagement. If space is insufficient to answer any question completely, attach a separate sheet.**

1. Full name of Applicant Firm: \_\_\_\_\_

2. Complete the following if your firm has performed audits and/or directors examinations for depository institutions insured by the FDIC, NCUA (credit unions) or state insurance funds within the past five (5) years.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Institution: \_\_\_\_\_ Years: \_\_\_\_\_ Type of Engagement: \_\_\_\_\_

Equity/Asset ratio as of the last quarter \_\_\_\_\_ Accounting Fees: \$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Institution: \_\_\_\_\_ Years: \_\_\_\_\_ Type of Engagement: \_\_\_\_\_

Equity/Asset ratio as of the last quarter \_\_\_\_\_ Accounting Fees: \$ \_\_\_\_\_

3. Has any member (or former member) of your firm:

a. Had unsecured loan commitments with the above institution(s)?  Yes  No**If yes, please provide an explanation:** \_\_\_\_\_b. Held stock or other financial interest in the above institution(s)?  Yes  No

If yes, what is the equity percentage? \_\_\_\_\_ %

c. Acted as a director or officer of the above institution(s)?  Yes  No

d. Been a member of the following internal committees of the above institution(s):

 Executive Committee  Loan Committee  Audit Committee  Other (describe) \_\_\_\_\_4. Does your firm have a policy prohibiting any member from acting as a director or officer of a financial institution which is also a client of the firm?  Yes  No **If no, please provide an explanation.** \_\_\_\_\_

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**I understand information submitted herein becomes a part of my Philadelphia Insurance Companies Accountants Professional Liability Application and is subject to the same conditions as stated on the application.**\_\_\_\_\_  
Name (Please Print)\_\_\_\_\_  
Title (**Must be Partner or Officer**)\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

## ADDITIONAL INFORMATION

**This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.**

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Signature

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Date