



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

**ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE APPLICATION – WYOMING
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.

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/TYPE)

TITLE
(MUST BE SIGNED BY THE PRINCIPAL, 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.

Signature

Date