



IRONSHORE INDEMNITY, INC.

(A Stock Company)

PO Box 3407

New York, NY 10008

(877) IRON-411

FINANCIAL INSTITUTION SUPPLEMENT

1. Name(s) of Legal Entity(ies) to be insured (as referenced on your letterhead)

2. With regard to any financial institution client(s) within the past six (6) years, has any member or former member of the Firm:

- a. Performed services other than bankruptcy, collection, loan documentation/workout, real estate closings/foreclosures, title work/conveyances or trust work?..... Yes No
- b. Served as general counsel, CEO, chairman, president, officer, director or member of any internal committee?..... Yes No
- c. Had any equity interest or loan commitments? Yes No
- d. Had a client been declared insolvent or operated under regulatory direction or agreement? Yes No

*If yes to any part of Question 2 above, please answer Questions 3 through 5.
If no to all parts of Question 2 above, no further information is required other than signature.*

- 3. a. Name of Financial Institution: _____
- b. Location (City, State): _____
- c. Nature and capacity of services Applicant Firm provided (please be as specific as possible):

d. Name of firm member(s) or former member(s) who provides or provided above professional services:

e. Dates of services, from _____ to _____.

f. Still a client? Yes No

g. Date of insolvency, take-over or merger, if applicable: _____.

4. With regard to the above institution, has any member or former member of the Firm:

a. Been a member of any internal committee(s) such as but not limited to the executive, loan policy, audit or investment advisory committee(s)? Yes No
If yes, please identify the type of committee(s) and dates of participation:

b. Acted as director or officer? Yes No
.....

- c. Acted as general counsel?..... Yes No
 d. Has loan commitments? Yes No

If yes, please describe type and amount: _____

FLORIDA: 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 of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

- e. Held stock or other financial interest? Yes No

If yes, what is the dollar value of such interest \$ _____, the percentage of such interest _____% and is the institution: publicly owned/traded or privately held?

Signature of Owner, Partner or Principal	Title	Date
--	-------	------

- f. Participated in the preparation of a response to regulatory examination reports? Yes No

- g. Participated or assisted in the rendering of advice on regulatory issues? Yes No

5. Has any regulatory authority filed any lawsuit or is any litigation (including any shareholder derivative action) pending against any director or officer of the above financial institution? Yes No

If yes, please provide complete details:

For all other applicable state fraud warnings, please see the main application.

NOTICE

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.