NAVIGATORS INSURANCE COMPANY

ACCOUNTANTS PROFESSIONAL LIABILITY

SUPPLEMENT 8 – FINANCIAL INSTITUTION SUPPLEMENT

Applicant:_____

Please complete a separate form for each institution for which services have been performed during the past five years.

1. Name of Financial Institution: _____

2. Locations: _____

3. Type of institution:
- ☐ Bank
- ☐ Savings Bank
- ☐ Credit Union
- ☐ Trust Company
- ☐ Bank Association
- ☐ Industrial Bank
- ☐ Investment Bank
- ☐ Bank Holding Company
- ☐ Savings & Loan Association
- ☐ Building & Loan Association

4. The above Financial Institution is a ☐ past; or ☐ present client of the Firm.

5. Has this financial institution ceased operations, gone or been declared insolvent, or is it now controlled or operated by the FDIC, FSLIC, OCC, OTS or other government agency? ☐ **YES** ☐ **NO**

If "Yes", please provide complete details:
_____
_____
_____

6. Has the FDIC, FSLIC, OCC, OTS or any other government agency filed any lawsuits or is any litigation (including shareholder derivative action) pending against any director or officer of the Financial institution listed in Question 1 above? ☐ **YES** ☐ **NO**

If "Yes", please provide complete details:
_____
_____
_____

7. Has the firm, or any member or employee of the firm (regardless of what firm he or she was practicing with at the time):

a. Had loan commitments with the above financial institution? ☐ **YES** ☐ **NO**

b. Held stock or other equity interest in the above financial institution? ☐ **YES** ☐ **NO**
If "Yes," what is the dollar value of such interest? $_____

c. Acted as a director or officer of the above financial institution? ☐ **YES** ☐ **NO**

d. Participated in the preparation of the financial institution's response to regulatory examination reports? ☐ **YES** ☐ **NO**

e. Participated or assisted in the rendering of advice on regulatory issues? ☐ **YES** ☐ **NO**

8. Please complete the following table in respect to the firm's financial institution practitioners' expertise:

Individual(s)	Number of Years of Financial Institution Experience	Number of Hours Financial Institution CPE in the past 12 months	Financial Institutions-Billable Hours on the most recent 12 months

9. Is each audit engagement subject to independent review by someone with financial institution experience who did not participate in the engagement? ☐ **YES** ☐ **NO**

I understand that the information submitted in this supplement becomes a part of my Accountants Professional Liability application and is subject to the same representations and conditions.

Print Name _____ Title _____

Signature _____ Date _____

INCOMPLETE, UNSIGNED OR UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION