

*Financial Institution Questionnaire*

*Underwritten by The Hanover Insurance Company*

**NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.**

**I. INSTRUCTIONS**

Whenever used in this Questionnaire, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

1. Within the past 5 years, has the **Firm**, any **Firm member**, **Predecessor Firm** or **Affiliated Firm**:
  - a. Served as a director, officer or committee member?  Yes  No
  - b. Had loan commitments, equity interest or other financial interest?  Yes  No
  - c. Rendered service to an institution that has failed or been declared insolvent?  Yes  No
  - d. Rendered attest services or Directors Examinations?  Yes  No
2. Within the past 5 years, has any Financial Institution client:
  - a. Investigated by any financial institution regulator?  Yes  No
  - b. Placed under conservatorship, receivership or any form of regulatory direction or agreement?  Yes  No
  - c. Received an external auditor report from any CPA firm which included a going concern, qualified or adverse opinion, or disclaimer of opinion?  Yes  No

*If **You** answered No to all of the questions above, no further information is required other than **Your** signature. If **You** answered Yes, to any question above, complete the following for all such clients. Attach additional sheets if necessary.*

**In reference to Question # \_\_\_\_\_ above:**

Financial Institution Name and Address:

\_\_\_\_\_

Services Rendered by **Firm**:

\_\_\_\_\_

Name of **Firm** Staff and Years of Financial Institution Experience:

\_\_\_\_\_

Dates of Engagement: \_\_\_\_\_ to \_\_\_\_\_. Are they still a client of the **Firm**?  Yes  No

Is each audit engagement subject to an independent review by someone with financial institution experience and who did not participate in the engagement?  Yes  No

Are there engagement letters or written agreements in place for the services rendered above?  Yes  No

**In reference to Question # \_\_\_\_\_ above:**

Financial Institution Name and Address:

\_\_\_\_\_

Services Rendered by **Firm**:

\_\_\_\_\_

Name of **Firm** Staff and Years of Financial Institution Experience:

Dates of Engagement: \_\_\_\_\_ to \_\_\_\_\_. Are they still a client of the **Firm**?  Yes  No  
 Is each audit engagement subject to an independent review by someone with financial institution experience and who did not participate in the engagement?  Yes  No  
 Are there engagement letters or written agreements in place for the services rendered above?  Yes  No

**In reference to Question # \_\_\_\_\_ above:**  
 Financial Institution Name and Address:

Services Rendered by **Firm**:

Name of **Firm** Staff and Years of Financial Institution Experience:

Dates of Engagement: \_\_\_\_\_ to \_\_\_\_\_. Are they still a client of the **Firm**?  Yes  No  
 Is each audit engagement subject to an independent review by someone with financial institution experience and who did not participate in the engagement?  Yes  No  
 Are there engagement letters or written agreements in place for the services rendered above?  Yes  No

Are additional sheets attached?  Yes  No

The undersigned, acting on behalf of all Applicants, declares that the statements above are true and complete, that thorough efforts were made to obtain requested information from all persons to be insured, no facts have been suppressed or misstated, and I/we understand that this supplement becomes part of the application.

**Date**                      **Signature / Title**

\_\_\_\_\_  
(mm/dd/yyyy)                      (Chief Executive Officer, President, Financial Officer, Managing Partner or Owner)

\_\_\_\_\_  
(mm/dd/yyyy)                      (Print Name and Title)

**A POLICY CANNOT BE ISSUED UNLESS THE "QUESTIONNAIRE" IS PROPERLY SIGNED AND DATED.**  
 Please submit this "Questionnaire" including appropriate documentation to your agent.