

4. Has a "going concern" ever been issued on any audit reports for any of the Financial Institutions listed in Question #1 above? Yes No
 If "Yes," provide the name of the Institution(s) and years issued. _____

5. Provide the names of the accountants performing services for the clients listed in Question #1 above and their respective year's experience in handling such matters. _____

6. Describe how staffing requirements are determined and how staff is supervised for audit work. _____

7. a. Describe how the firm plans and designs audits of Financial Institutions. (Description should include how the firm evaluates the internal controls of the Financial Institution.) _____

- b. Is a questionnaire used? Yes No
If "Yes," provide a sample.
8. Provide a representative copy of the firm's engagement letter with respect to Financial Institution Audits or Review. If none is used, provide an explanation. _____

9. Has the RTC, OTS, OCC< FSLIC, FDIC or any of the successors 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. _____

10. As respects those clients listed on Question #1 above, has any present or former member of the Applicant now or in the past:
- a. Served as an officer, director, trustee or partner of any such client? Yes No
- b. Held any equity or financial interest in any such client? Yes No
- c. If "Yes" to A. or B. above, provide a brief explanation including the firm member's capacity *, and any equity / financial interest if applicable: _____

***Specify: Officer, Director, Shareholder, Committee Person, Partner, Other**

11. Describe the steps the firm has taken to minimize the potential conflicts of the interest in relation to Question #10 above: _____

I/We hereby declare that the above statements and particulars are true and I/We agree that this supplemental application shall become a part of the applicant's professional liability application and is subject to the same representations and conditions.

Applicant Signature: _____ Date: _____
(Signature of Officer/Director/Partner or Owner)

Print Name: _____ Title: _____

Producer: _____

Agent's Name: _____ Agent's License Number: _____
(Applicable to Florida agents only.)