



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
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**FINANCIAL INSTITUTIONS AND INSURANCE COMPANIES SUPPLEMENT**

Name of Applicant: \_\_\_\_\_

Total number of Financial Institution and Insurance Company clients: \_\_\_\_\_

**NOTE:** Complete and attach one form for each financial institution and insurance company client. If space is insufficient to answer any questions completely, please attach a separate sheet.

For **both Financial Institution and Insurance Company clients**, answer questions 1., 2. and 3.

1. (a) Client name: \_\_\_\_\_

(b) Location(s): \_\_\_\_\_

2. (a) Time period of services provided: \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)

(b) Describe all services provided: \_\_\_\_\_

\_\_\_\_\_

(c) Was an engagement letter used? ..... [ ] Yes [ ] No

3. Provide a listing of the accountants who provide service to this client, including number of years of experience and continuing education in the relevant area of practice.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please complete questions 4., 5. and 6. **for Financial Institution clients only**. Financial institutions are defined as banks, savings and loans, thrifts, credit unions, bank holding companies and building and loan associations.

4. Type of Institution \_\_\_\_\_

5. Has the financial institution ever operated under regulatory direction or agreement, been placed in receivership, conservatorship or bankruptcy? ..... [ ] Yes [ ] No

6. With respect to the financial institution listed in question 1., has any member (or former member) of the Applicant:

(a) Had a loan commitment? ..... [ ] Yes [ ] No

(b) Acted as a director, officer, partner, employee or trustee? ..... [ ] Yes [ ] No

If Yes, describe function and dates of service: \_\_\_\_\_

(c) Been a member of any internal committee? ..... [ ] Yes [ ] No

If Yes, specify committee name and function \_\_\_\_\_

(d) Held stock or other financial interest? ..... [ ] Yes [ ] No

If Yes, describe the ownership arrangement and provide the dollar value: \_\_\_\_\_

\_\_\_\_\_

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by owner, partner, principal or shareholder within 60 days of the proposed effective date.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant (Please Print)

\_\_\_\_\_  
Title

**PRODUCED BY (Insurance Agent or Broker):**

Producer Name: \_\_\_\_\_

Producer Signature: \_\_\_\_\_

Producer License No.: \_\_\_\_\_

Date: \_\_\_\_\_

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to Florida Applicants:** 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.

**Notice to Maryland Applicants:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to Oklahoma Applicants:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Oregon Applicants:** Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Notice to Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

**Notice to Tennessee and Virginia Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Notice to Applicants of all other states:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects the person to criminal and civil penalties.