



Great American Insurance Company
FINANCIAL INSTITUTION SUPPLEMENT

Firm Name: GAIC Policy Number LPL-
Complete this supplement for EACH Financial Institution referenced in the questions pertaining to "Financial Institutions" in the Application.

- 1. Name of Financial Institution:
2. Type (check one): Bank Savings & Loan Savings Bank Other (Please describe)
3. Main office address:
4. Branch location which you represent:
5. Has this Financial Institution (check one): Failed? Merged or sold at regulatory direction? Operated or is operating under some form of Regulatory Agreement? Sold? If yes, to whom? Closed? If yes, when? Changed Names? If yes, to what?
6. Check all professional services you render(ed) for this Financial Institution: General Counsel, Regulatory Counsel, Securities Counsel, Loan Documentation, Fidelity Bond Claims, Foreclosure Work, Collections/Bankruptcy, commercial Real Estate, Residential Real Estate, Other (specify)
7. Which attorney(s) represents this Financial Institution?
8. Date(s) of representation
9. Has any attorney or former attorney:
a. acted as Director or Officer of the above institution? If yes, does the attorney carry D&O insurance?
b. been a member of the following internal committees of the above institution: Loan Policy Committee, Investment Committee, Executive Committee, Other (Please specify)
c. Date(s) of affiliation
d. Responded to regulatory inquiries?
e. Had loan commitments with the above institution?
f. Held stock or other interest in the above institution? If yes, amount of equity interest? %
10. Is any litigation threatened or pending against any Director, Officer or other affiliated part of this Financial Institution? If yes, please explain:

Signature of Authorized Firm Representative Title Date