



**James River Insurance Company**

7130 Glen Forest Drive, Suite 210  
Richmond, VA 23226  
804-289-2700

**Financial Institutions Supplemental Application**

**PROFESSIONAL LIABILITY Division**

Email to [PL@jamesriverins.com](mailto:PL@jamesriverins.com) or,  
Fax to 804-287-2816

**APPLICANT'S INSTRUCTIONS:**

- 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.

If more than one attorney practices in this area, one supplement will suffice.

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

The Financial Institutions Supplement is to be completed to reflect the work performed for and relationships with all financial institution in the past five (5) years by the applicant firm.

1. Financial Institution: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_ Name \_\_\_\_\_ City, State \_\_\_\_\_ Work from \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Ownership  Yes  No Director  Yes  No

Committee Member  Yes  No Type of Committee: \_\_\_\_\_

2. Financial Institution: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_ Name \_\_\_\_\_ City, State \_\_\_\_\_ Work from \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Ownership  Yes  No Director  Yes  No

Committee Member  Yes  No Type of Committee: \_\_\_\_\_

3. Financial Institution: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_ Name \_\_\_\_\_ City, State \_\_\_\_\_ Work from \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Ownership  Yes  No Director  Yes  No

Committee Member  Yes  No Type of Committee: \_\_\_\_\_

4. Financial Institution: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_ Name \_\_\_\_\_ City, State \_\_\_\_\_ Work from \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Ownership  Yes  No Director  Yes  No

Committee Member  Yes  No Type of Committee: \_\_\_\_\_

I understand information submitted herein becomes a part of my Professional Liability Application and is subject to the same terms and conditions.

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_