



Name of Insurance Company to which application is made

APPLICATION FOR A FINANCIAL INSTITUTION BOND FOR BANKS

Application is hereby made by _____

(List all Insureds, including Employee Benefit Plans)

Principal Address _____ (herein called Insured)

(No.) (Street) (City) (State) (Zip Code)

for a _____ **Financial Institution Bond, Banks**, to become
(primary, excess, concurrent, co-surety, coinsured)

effective as of 12:01 a.m. on _____ to 12:01 a.m. on _____ in the Aggregate Limit of Liability of \$ _____

Date Insured was established: _____ Name of Prior Carrier: _____

1 Insured is a (check the appropriate box):
Commercial Bank Savings Bank , Savings and Loan Association ,
Other _____

- 2 For all Insureds, show the total number of: No. of
- (a) Salaried officers and employees, retained attorneys and persons provided by employment contractors _____
 - (b) Banking locations (other than the Home Office of the first Named Insured) in the U.S., Canada, Puerto Rico and Virgin Islands _____
 - (c) Limited banking facilities in the U.S., Canada, Puerto Rico and Virgin Islands _____
 - (d) Non-Banking locations in the U.S., Canada, Puerto Rico and Virgin Islands _____
 - (e) Banking locations, limited banking facilities and non-banking locations outside of the U.S., Canada, Puerto Rico and Virgin Islands, list below:

<u>Location</u>	<u>Location</u>
_____	_____
_____	_____
_____	_____

3 Commercial Banks Only

Complete the following:	<u>Total Assets</u>	<u>Total Deposits</u>	<u>Total Loans & Discounts</u>
(a) As of latest Dec. 31.....	\$ _____	\$ _____	\$ _____
(b) As of latest June 30	\$ _____	\$ _____	\$ _____

- 4 Complete the following for optional coverages desired:
- | <u>Form of Coverage</u> | <u>Single Loss Limit</u> |
|---|---|
| (a) Is Insuring Agreement (D) — Forgery or Alteration Coverage desired | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |
| If "Yes", are checking accounts permitted? (Savings Banks and Savings & Loan Associations only) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (b) Is Insuring Agreement (E) — Securities Coverage desired?..... | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |
| If "Yes", is Loan Participation Coverage desired? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| (c) Is Trading Loss Coverage desired? | Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ |

4 Complete the following for optional coverages desired (cont'd):

(d) Is Extortion — Threats to Persons Coverage desired?..... Yes No \$ _____

If "Yes", list below locations to be excluded:

Location

Location

(e) Is Extortion — Threats to Property Coverage desired? Yes No Single Loss Limit \$ _____

If "Yes", list below locations to be excluded:

Location

Location

(f) Is Fraudulent Real Property Mortgages Coverage desired? Yes No Single Loss Limit \$ _____

(g) Is Audit Expense Coverage desired? (Savings & Loan Associations only)..... Yes No \$ _____

(h) Is Unattended Automated Teller Machine Coverage desired? Yes No \$ _____

if "Yes", list complete the following:

(1) Number of locations to be covered..... _____

(2) List below locations to be excluded:

Location

Location

(i) Is Computer Systems Fraud Coverage desired? Yes No Single Loss Limit \$ _____

if "Yes", list complete the following:

(1) Insured's Computer System(s)

For the Computer System(s) you operate, whether owned or leased, complete the following:

(a) Number of independent software contractors authorized to design, implement of service programs for your Systems _____

(b) Is access to your System(s) by customers, or other outside parties, other than by Automated Teller Machines, permitted (e.g. by computer, terminal or touchtone telephone key pad, etc.? Yes No

(c) Number of Automated Teller Machines..... _____

(2) Other Computer Systems

(a) Check if coverage desired for:

Automated Clearing Houses using Federal Reserve Computer facilities , Fed Wire , CHIPS , SWIFT

(b) List below other Computer System(s) for which coverage is desired: (For Automated Teller Machine Systems, complete Item c) below.)

Computer System(s)

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(c) List below shared or other participatory Automated Teller Machine Systems for which coverage is desired:

ATM System(s)

(3) Is coverage desired for Tested telex or other means of Tested communication? Yes No

4 Complete the following for optional coverages desired (cont'd):

- | | | |
|---|--|--------------------------|
| | | <u>Single Loss Limit</u> |
| (j) Is Voice Initiated Transfer Fraud Coverage desired? (NOTE: Computer Systems Fraud Coverage must be purchased in conjunction with this coverage) | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ _____ |
| If "Yes", what is the dollar amount of the call-back threshold to the originator of an instruction? | | \$ _____ |
| (k) Is Telefacsimile Transfer Fraud Coverage desired? (NOTE: Computer Systems Fraud Coverage must be purchased in conjunction with this coverage) | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ _____ |
| If "Yes", what is the dollar amount of the call-back threshold to the originator of an instruction? | | \$ _____ |
| (l) Is coverage desired on business engaged in the data processing of your checks and other accounting records? ... | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If "Yes", list below the name and location of each data processor: | | |

Name & Location

Name & Location

(m) Is Servicing Contractors Coverage desired? Yes No \$ _____

If "Yes", list complete the following: (NOTE: Servicing Contractors service your real estate mortgages or home modernization loans or manage your real property.)

(1) List below the name and location of each Servicing Contractor **to be covered**:

Name & Location

Name & Location

(2) List below the name and location of each Servicing Contractor **to be excluded**: (NOTE: Commercial Banks, Savings Banks, Savings & Loans Associations, or Industry service organizations formed by any of them, may be excluded.)

Name & Location

Name & Location

(n) Is coverage desired on Issuers of Register Checks or Personal Money Orders? (Commercial Banks only)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Single Loss Limit</u>
		\$ _____

If "Yes", list below the name and location of each Issuer:

Name & Location

Name & Location

(o) Is coverage desired on your appointed or elected agents, whether they be persons, partnerships or corporations (other than servicing contractors or data processors) performing any act or service in connection with the ordinary conduct of your business? (Savings Banks and Savings & Loan Associations only) Yes No

If "Yes", list below the name, location and single loss limit of liability on each agent:

<u>Name & Location</u>	<u>Single Loss Limit</u>	<u>Name & Location</u>	<u>Single Loss Limit</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

5 Are you a direct participant in a depository for the central handling of securities? Yes No
 If "Yes", list below the name and location of each depository:

<u>Name & Location</u>	<u>Name & Location</u>

6 Check the appropriate box(es) if you are a seller or servicer of secondary market mortgages of: Freddie Mac , Fannie Mae , Ginnie Mae , Other agencies _____

7 For deductibles, complete the following: (NOTE: Deductibles on Insuring Agreements (D) and (E) must be at least equal to that carried on the Basic Bond Coverage. Deductibles on Extortion Coverage and Unattended Automated Teller Machine Coverage may be written in any amount.)

<u>Coverage</u>	<u>Single Loss Deductible</u>
(a) All coverages except Insuring Agreements (D), (E) and Extortion and Unattended Automated Teller Machine	\$ _____
(b) Insuring Agreement (D) — Forgery or Alteration	\$ _____
(c) Insuring Agreement (E) — Securities	\$ _____
(d) Extortion — Threats to Persons	\$ _____
(e) Extortion — Threats to Property	\$ _____
(f) Unattended Automated Teller Machines	\$\$ _____

8 If coverage is being written on an excess, concurrent or co-surety basis, show the names of the other carriers and bond limits. In the case of co-surety also show percentage participations: _____

9 If coverage is being written on a coinsurance basis, show your percentage participation _____ %. (NOTE: Insured may assume a participation of between 5% and 25%.)

10 Are deposits insured by the Federal Deposit Insurance Corporation? Yes No

11 **AUDIT PROCEDURES:**

- (a) Is there an annual audit by an independent CPA? Yes No
- (b) If "Yes", is it a complete audit made in accordance with generally accepted auditing standards and so certified? Yes No
- (c) If the answer to (b) is "No", explain the scope of the CPA's examination:

- (d) Is the audit report rendered directly to the Board of Directors? Yes No
- (e) Name and location of CPA:

- (f) Date of completion of the last audit by CPA: _____
- (g) Is there a continuous internal audit by an Internal Audit Department? Yes No
- (h) If "Yes", are there monthly reports rendered directly to the Board of Directors? Yes No
- (i) If (a) and (d) or (g) and (h) are answered affirmatively, is there direct verification of at least 20% of all deposit accounts and direct verification of at least 20% of all loan accounts? Yes No

12 **INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):**

- (a) Do you require annual vacations of at least two consecutive weeks for all personnel? Yes No
If "No", explain: _____
- (b) Is there a formal, planned program requiring the rotation of duties of key personnel without prior notice thereof? Yes No
If "No", explain: _____
- (c) Is there a formal, planned program requiring segregation of duties so that no single transaction can be fully controlled from origination to posting by one person? Yes No
If "No", explain: _____

13 Date of last examination by State authorities _____
 Date of last examination by Federal authorities _____
 Was there any criticism of your operations in either the last State or Federal examination? Yes No
 If "Yes", explain: _____

14 Has there been any change in ownership or management within the past three (3) years? Yes No
 If "Yes", explain: _____

15 Has any insurance been declined or cancelled during the past three (3) years? Yes No
 If "Yes", explain: _____

16 List all losses sustained during the past three years. whether reimbursed or not from _____ to _____
 Check if none {month, day, year} {month, day, year}

Date of Loss	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Amount Recovered from other than Insurance	Amount of Loss Pending	If Loss occurred at other than Main Office, state location
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

17. **FRAUD WARNING STATEMENTS**

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

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.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

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.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

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.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

TENNESSEE 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.

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.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, OR A STATEMENT OF CLAIM CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME IN CERTAIN JURISDICTIONS.

WASHINGTON 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."

WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

The Insured represents that the information furnished in this application is complete, true and correct. Any intentional misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any bond issued in reliance upon such information.

Dated at _____ this _____, day of _____, 20____

(Insured) (Name and Title)

(Signature)