



Bond No. _____
 This form must be completed for each new bond and at each premium anniversary.

**APPLICATION FOR A
 FINANCIAL INSTITUTION BOND, STANDARD FORM NO. 25
 FOR INSURANCE COMPANIES**

Application is hereby made by _____

(List all Insureds, including Employee Benefit Plans)

Principal Address _____ (herein called Insured)
(No.) (Street) (City) (County) (State) (Zip)

Is this address within the corporate limits of the city above? Yes No

for a _____ **Financial Institution Bond, Standard Form No. 25**, to become effective as of _____
(primary, excess, concurrent, co-surety, coinsured)

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. Identify your principal line(s) of insurance: _____

2. For all Insureds show the total number of: No. of

- (a) Salaried officers, employees and persons provided by employment contractors _____
- (b) Locations (other than the Home Office of the first Named Insured) in the U.S. and Canada, where insurance operations are conducted _____
- (c) Locations in the U.S. and Canada, where non-insurance operations are conducted _____
- (d) Locations outside of the U.S. and Canada, where insurance and non-insurance operations are conducted, list below:

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

3. Complete the following: Total Assets

- (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"/>	\$ _____
(b) Is Insuring Agreement (E) – Securities Coverage Desired?..... Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
(c) Is Trading Loss Coverage desired?..... Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
(d) Is Extortion – Threats to Persons Coverage desired? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____

If “Yes”, list below locations to be excluded:

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

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

Single Loss Limit

(e) Is Extortion – Threats to Property Coverage desired? Yes No \$ _____
 If “Yes”, list below locations to be excluded:

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

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

If “Yes”, 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 or service programs for your System(s) _____
- b) Is access to your System(s) by agents, brokers or other outside parties permitted?..... Yes No

(2) Other Computer Systems

List below other Computer System(s) for which coverage is desired:

Computer System(s)

(g) Is coverage desired on your appointed or elected agents, whether they be persons, partnerships or corporations while performing any act or service in connection with the ordinary conduct of your business? (Life Insurance Companies only) Yes No

If “Yes”, list below the name, capacity in which agent serves, and single loss limit of liability on each agent:

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

(h) Is coverage desired on draft-signers, who while in the service of a policyholder of the Insured are authorized to sign drafts on your behalf? Yes No

If “Yes”, list below the name and location of each policyholder and draft-signer:

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

(i) Is coverage desired on businesses engaged in the data processing of your checks or other accounting records?..... Yes No

If “Yes”, list below the name and location of each data processor:

<u>Name & Location</u>	<u>Name & Location</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. 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 may be written in any amount.)

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

7. 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: _____

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

9. 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 monthly reports rendered directly to the Board of Directors? Yes No

10. INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):

- (a) Do you require annual vacations of at least two consecutive weeks for all officers and employees? Yes No
If "No", explain: _____
- (b) Is there a formal, planned program requiring segregation of duties so that no single transaction (including claim handling and draft issuance procedures) can be fully controlled from origination to posting by one person? Yes No
If "No", explain: _____
- (c) Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No
If "No", explain: _____
- (d) Is countersignature of checks required? Yes No
If "No", explain: _____
- (e) Will endorsement of checks on your behalf be limited to endorsement for deposit and credited to your account? Yes No
If "No", explain: _____

11. Has there been any change in ownership or management within the past three years? Yes No
If "Yes", explain: _____

12. Has any insurance been declined or canceled during the past three years? (Not applicable in the state of Missouri) Yes No
If "Yes", explain: _____

13. List all losses sustained during the past three years, whether reimbursed or not, from _____ to _____
 (month, day, year) (month, day, year)

Check if none

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
		\$	\$	\$	\$	

The Insured represents that the information furnished in this application is complete, true and correct. Any 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.

FRAUD NOTICES: Prior to signing this Application, please review the following statutory fraud notices as they may apply to the Company's domicile.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss 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: 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.

FLORIDA: 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 statement is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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: 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: 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 denial of insurance benefits.

NEW JERSEY: 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: 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: 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 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: 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: 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 false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA: 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 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.

VIRGINIA: 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.

Dated at _____ this _____ day of _____,

 (Insured) By _____
 (Name and Title)