

General Information

1. _____
Name of Applicant

Street Address

City State Zip Code Telephone

On page 12 provide the requested information concerning the Applicant and any Subsidiary for which coverage is requested. If coverage is requested for more than one Subsidiary, use a separate line for each Subsidiary. For purposes of this Renewal Application, the term "Applicant" shall include the entity listed in Item 1 above and all Subsidiaries listed on page 12.

2. Name and title of the officer of the Applicant designated as the representative to receive any and all notices from the Insurer on behalf of all persons and/or entities proposed for this insurance:

Name of Officer Title of Officer

3. State of incorporation: _____

4. Date of incorporation: _____

5. Deposits insured by: FDIC FSLIC

6. The company is:
- Bank/Single Bank Holding Company
 - Multi-Bank Holding Company
 - Part of a Multi-Bank Holding Company
 - Trust Company
 - Other (specify) _____

Section I - Asset Distribution

1. With respect to all accounts in the Trust Department, please provide the following (include consolidated information for the Applicant and all Subsidiaries):

	No. of Accounts	Market Value of Assets (in Thousands)	Managed/ Discretionary	Advisory/ Non- Discretionary	Custodial
a. Individual Accounts Trusts, Estates (excluding ERISA)	_____	\$ _____	_____ %	_____ %	_____ %
b. ERISA Accounts:					

1) HR-10 and IRA Plans	_____	\$	_____	_____	%	_____	%	_____	%
2) Non-ERISA Pension Plans	_____	\$	_____	_____	%	_____	%	_____	%
3) Other Institutional	_____	\$	_____	_____	%	_____	%	_____	%
4) Other	_____	\$	_____	_____	%	_____	%	_____	%
TOTAL	_____	\$	_____	_____	%	_____	%	_____	%

c. Corporate Trust:

1) Trustee under Bond Indenture	_____	\$	_____	_____	%	_____	%	_____	%
2) Fiscal Agent	_____	\$	_____	_____	%	_____	%	_____	%
3) Sinking Fund Agent	_____	\$	_____	_____	%	_____	%	_____	%
4) Escrow Agent	_____	\$	_____	_____	%	_____	%	_____	%
5) Transfer Agent	_____	\$	_____	_____	%	_____	%	_____	%
6) Registrar	_____	\$	_____	_____	%	_____	%	_____	%
7) Dividend Disbursing Agent	_____	\$	_____	_____	%	_____	%	_____	%
8) All Other	_____	\$	_____	_____	%	_____	%	_____	%
TOTAL	_____	\$	_____	_____	%	_____	%	_____	%

d. Mutual Funds:

1) Custodian	_____	\$	_____	_____	%	_____	%	_____	%
2) Transfer Agent	_____	\$	_____	_____	%	_____	%	_____	%
3) Registrar	_____	\$	_____	_____	%	_____	%	_____	%
4) Dividend Disbursing Agent	_____	\$	_____	_____	%	_____	%	_____	%
5) All Other	_____	\$	_____	_____	%	_____	%	_____	%
TOTAL	_____	\$	_____	_____	%	_____	%	_____	%

2. For each Common Trust Fund that the Applicant sponsors, provide the following:

Name	Fund Objective		Most Recent Market Value Assets		Most Recent Book Value Assets
_____	_____	\$	_____	\$	_____
_____	_____	\$	_____	\$	_____
_____	_____	\$	_____	\$	_____
_____	_____	\$	_____	\$	_____
		\$	_____	\$	_____
TOTAL		\$	_____	\$	_____

3. Trust Accounts:

- a. Asset value of Largest Managed/Discretionary account \$ _____
- b. Asset value of Largest Non-Discretionary account \$ _____
- c. Asset value of Largest Custodial account \$ _____

Section II - Securities Processing and Investments

1. a. Please describe or name the trust accounting system(s) in use (if different systems are in use at different subsidiaries, so indicate):

b. Provide the installation date(s) of the current trust accounting system(s): _____

c. Does the Applicant plan to install a new trust accounting system in the next 18 months? YES NO

2. Does the Applicant perform management or advisory functions with respect to:

	Yes	No	If Yes, Total Value of Assets
a. Closely-held Businesses	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
b. Farms and Ranches	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
c. Other Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
d. Mergers, Acquisitions, or Takeovers	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
e. Oil, Gas, or Other Mineral Leases	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
f. Timber Interests	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

If yes, please attach the policies and procedures which govern each activity.

3. Does the Applicant's investment division recommend or provide any of the following specialty investments:

a. Below Investment Grade Bonds	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
b. Cattle Trusts or Ventures	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
c. Commodity or Other Futures	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
d. Precious Metals	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
e. Mortgages, Mortgage Pools, or Other Mortgage-Backed Securities	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
f. Oil/Gas Leases or Investments	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
g. Covered Call Options	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
h. Option Contracts or Futures	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
i. General or Limited Partnerships	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
j. Real Estate	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
k. Foreign Securities (Domestic Exchange)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
l. International Securities (Non-Domestic Stock Exchange)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
m. Over-the-Counter Securities	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
n. Restricted Securities	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If yes, attach the policies and procedures which govern each specific investment area.

4. a. Does the Applicant have an approved list of securities in which assets held by the Trust Department may be invested? YES NO

b. What policies and procedures are followed in making exceptions to the list?

5. a. Does the Applicant have its own in-house investment research unit? YES NO

b. If the Applicant purchases or otherwise acquires investment research from an outside firm, indicate the firm(s) and type of research obtained.

Firm

Type

6. a. Does the Applicant issue any reports of the Trust Department's overall investment performance to its prospective and existing clients? YES NO

b. If yes, how frequently are investment results reported?

Please provide samples of brochures or materials used.

7. a. Does the Applicant enter into any Repurchase/Reverse Repurchase Agreements, securities lending agreements, and/or other similar type of transactions that involve the assets of any trust, investment management, or custodial account? YES NO
- b. If yes, does the Trust Department obtain the client's written authorization to enter into these transactions? YES NO
- c. If the answer to (7.a.) is yes, please attach the following:
- (1) The Applicant's policies for approval of transactions.
 - (2) Procedures for approving Broker/Dealer and other institutions.
 - (3) A list of dollar amounts outstanding and the name(s) of the Broker/Dealer(s) or other institutions(s).
 - (4) The procedures used to monitor and account for collateral in these transactions.

8. a. Do the Applicant's commercial departments underwrite or participate in the underwriting of debt securities? YES NO
- b. Does the Trust Department serve as trustee for any debt securities underwritten by the Applicant's commercial departments? YES NO

If yes, please provide the following:

Number of issues _____

Total amount of debt outstanding: \$ _____

- c. Does the Applicant serve as a trustee for any debt underwritten by other institutions and issued by any:
- (1) governmental or quasi-governmental entity? YES NO
 - (2) Private or public corporation? YES NO

If yes is indicated in response to either of these questions, complete the following section.

		Governmental or Quasi- Governmental Entity	Private or Public Corporation
(1)	Number of issues	_____	_____
(2)	Total amount of debt outstanding	\$ _____	\$ _____
(3)	Number of issues rated by Moody's or Standard & Poor's	_____	_____
(4) (a)	Number of issues in default	_____	_____
(4) (b)	Amount of debt outstanding for issues in default	\$ _____	\$ _____
(5) (a)	Number of issues supported by a letter of credit, credit line, or some other form of credit support	_____	_____
(5) (b)	If this support is provided by Applicant or an affiliate, please indicate:		
i	Total number of issues	_____	_____
ii	Total amount of debt outstanding	\$ _____	\$ _____

(6)	Number of issues backed by municipal bond or financial guaranty insurance		
(7)	Number of issues backed by federally guaranteed mortgages		N/A
(8)	Number of multi-family housing issues backed by municipal bond insurance		N/A

d. Does the Applicant have a special unit to administer accounts where it is acting as trustee for debt securities? YES NO

If yes, provide an organizational chart of the unit.

e. Does the Applicant have a special team to handle "defaults" or troubled accounts? YES NO

If yes, describe the organization of the team and its procedures.

f. Describe briefly the procedures followed to monitor the call provisions for any debt or equity security for which the Applicant acts as trustee or registrar.

Section III - Fiduciary Activities

1. Does the Trust Committee:
- a. Approve new accounts YES NO
 - b. Approve closing of accounts YES NO
 - c. Annually review administration of accounts YES NO
 - d. Annually review discretionary distributions YES NO
 - e. Annually review the investments in each account YES NO
 - f. File annual judicial account YES NO

If no, please describe via attachment, approval procedures applying to each of the above activities.

2. Are Directors, Officers, and employees prohibited from purchasing trust assets? YES NO

3. Does the Applicant have a special unit which administers accounts Which are subject to ERISA? YES NO

If no, describe the policies and procedures for insuring that such accounts are administered in compliance with ERISA.

4. Does the Applicant require a client to execute a written agreement to open a(n):
Investment Management Account YES NO
Custody Account YES NO

5. When the Applicant succeeds another bank, entity, or person as trustee, is a hold harmless agreement executed in the Applicant's favor? YES NO

If no, please describe how the Applicant protects itself from liabilities of the predecessor trustee.

6. a. Does the Applicant control 5% or more of the stock of any corporation via its trust functions? YES NO

If yes, please provide, by attachment, a listing and the percentage held of each corporation.

- b. Is the Applicant involved in the management or actual operation of the above-mentioned corporations? YES NO

- c. Does any Director, Officer or employee of the Applicant act in the capacity of Director or Officer of any of the corporations listed in (a) above? YES NO

If yes, please provide, by attachment, the names of the corporations, the names of the individuals holding the positions, and the positions held.

It is agreed that coverage is not provided under this Policy for the outside positions or corporations listed in conjunction with the above question.

Section IV - Business Operations

1. If the Applicant is a multi-bank holding company, are trust powers exercised by more than one Subsidiary? YES NO

If yes, describe the policies and procedures the holding company utilizes to coordinate and control trust functions, including Board oversight at the holding company level.

2. a. Please attach an organizational chart including a description of the duties and membership composition of trust committees (including, but not limited to, the Trust Committee of the Board of Directors, Investment Committee, and Administration Committee) and a list of specialized units.

- b. Have there been any changes in senior management of the Applicant's Trust Department(s) within the past three (3) years? YES NO

If yes, please explain.

- c. Does the Applicant employ full-time in-house legal counsel who is dedicated solely to providing legal advice to the Applicant's Trust Department? YES NO

(1) If no, please provide the name(s) and address(es) of the outside law firm acting as trust counsel:

- (2) Before accounts are accepted, does the law firm or internal counsel review: Personal trust documents? YES NO

Corporate trust documents?

YES

NO

If no, please explain the review procedures.

3. How often are statements and accounts rendered to clients?

Please attach a sample statement.

4. For the last three years, please list (all Subsidiaries consolidated):

a. Trust assets:

19	_____	\$	_____
19	_____	\$	_____
19	_____	\$	_____

b. Annual gross revenues from Trust Operations:

\$	_____
\$	_____
\$	_____

5. Is the Applicant or any of its Subsidiaries currently offering or planning to offer any of the following services?

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| a. Estate Planning | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| b. Actuarial Services | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| c. Underwriting of Securities | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| d. Discount Broker Services | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| e. Data Processing Services | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| f. Trust Advisory Services to Non-Affiliated Entities | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| g. Security Broker/Dealer | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| h. Investment Advisor/Counselor to Non-Trust Clients | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| i. Real Estate Investment Trust Advisory Services | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| j. Tax Rebate Calculations for Municipal Bond Issues | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

6. Has the Applicant discontinued any trust functions within the past 24 months or does it intend to do so within the next 12 months?

YES NO

If yes, please explain.

7. Has the Applicant been involved in any merger, consolidation, or acquisition with any other entity during the last policy period or does it intend to do so within the next 12 months?

YES NO

If yes, please attach a description of the details and effects on trust functions.

8. Does the Trust Department have its own compliance officer?

YES NO

If yes, what percentage of his/her time is spent on the compliance function? _____ %

If no, please explain how this function is accomplished.

9. a. State the frequency and dates of the most recent internal, external, and regulatory audits of Trust Department and Common Trust Funds.

	Trust Department		Common Trust Funds	
	Frequency	Latest Audit	Frequency	Latest Audit
Internal	_____	_____	_____	_____
External	_____	_____	_____	_____

Regulatory _____

b. Were any recommendations or criticisms made in the most recent audits?

Internal	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
External	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Regulatory	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If the answer is yes regarding any category, please attach a copy of the recommendations or criticisms.

c. Have all recommendations or criticisms been corrected?

Internal	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
External	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Regulatory	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If no, please provide details.

10. a. Have there been any losses through negligence, errors, or omissions in connection with the Applicant's trust operations (including all Subsidiaries proposed for this coverage) during the past five (5) years (including those losses covered by errors and omissions insurance)?

YES NO

If yes, provide via attachment annual losses and complete details on individual losses exceeding \$50,000. Please indicate the disposition of each case.

b. If the answer to 10.a. is yes, also indicate below the aggregate losses experienced by the Applicant's Trust Department(s) in each of the last three years from securities processing activities and in the administration of assets held in individual accounts, e.g. real estate.

	Securities Processing	Administration of Assets
19 _____	\$ _____	\$ _____
19 _____	\$ _____	\$ _____
19 _____	\$ _____	\$ _____

11. Have there been during the last five (5) years, or are there now pending, any suits, claims, or proceedings against the Applicant (including all Subsidiaries proposed for this coverage) involving Trust Operations?

YES NO

If yes, provide details.

12. Have there been during the last five (5) years, or are there now pending, any suits, claims, or proceedings against any person in their capacity as either Director, Officer, or employee of the Applicant (including all Subsidiaries proposed for this coverage) involving Trust Operations?

YES NO

If yes, provide details.

Pertaining to Questions 11 and 12, it is agreed that any claims arising from such suits, claims or proceedings is excluded from the proposed coverage.

13. Is the undersigned or any Director or Officer aware of any fact, circumstance, situation or wrongful act involving the Applicant, its Subsidiaries or the Directors or Officers of the Applicant or its Subsidiaries, which he/she has reason to believe might result in any future claim which would fall within the scope of the proposed insurance? YES NO

If yes, provide details.

Pertaining to Question 13, it is agreed that if the undersigned or any Director or Officer is aware of any such fact, circumstance, situation or wrongful act, any claim subsequently arising therefrom shall be excluded from coverage under the proposed insurance.

14. Previous Trust Department Errors and Omissions Insurance (answer each item).
- a. Carrier _____
- b. Premium _____
- c. Limit _____ Retention _____
- d. Policy Period From _____ To _____
15. Has any claim been made under any prior or current Trust Department Errors or Omissions Policy or similar insurance or has notice been given to any Insurer providing such coverage? YES NO
16. Has any carrier refused or cancelled Trust Department Errors and Omissions coverage? YES NO

17. a. Please give details of the following insurance carried by the Applicant (if none, so state):

	Limit	Deductible	Carrier	Term
Directors & Officers Liability	_____	_____	_____	_____
Fidelity Bond	_____	_____	_____	_____
Blanket Trust Policy (For Property and Liability Coverage)	_____	_____	_____	_____
Data Processing Errors and Omissions	_____	_____	_____	_____
General Liability	_____	_____	_____	_____
Other Insurance on Trust Assets Identify	_____	_____	_____	_____

- b. Have any of the above coverages been cancelled by the Insurer or has any Insurer refused to renew any of those coverages? YES NO

If yes, please explain.

18. As part of this Renewal Application, please submit the following with respect to the Applicant (if n/a, please indicate):
- a. Applicant's latest annual report, CPA audit, or 10-K
- b. Latest Independent Audit Report of trust functions.
- c. Latest Annual Report for each Common Trust Fund.
- d. Latest Internal Audit Report of trust functions and any written response thereto.
- e. Copy of Applicant's current Trust Department E&O Policy.

The undersigned persons declare that to the best of their knowledge, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from all persons proposed for this insurance

to facilitate the proper and accurate completion of this Application. The undersigned further agree that, if between the date of this Application and the effective date of the Policy, (1) any material change in the condition of the Applicant is discovered or, (2) there is any material change in the answers to the questions contained herein, either of which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately and if necessary, any outstanding quotation may be modified or withdrawn.

The signing of this Application Form does not bind the undersigned to purchase the insurance but it is agreed by the Applicant and all persons proposed for this insurance that the particulars and statements contained in this Application Form and the attachments and materials submitted with this Application Form (which shall be retained on file by the Insurer and shall be deemed attached to the Policy, if insurance is provided, as if physically attached thereto) are true and correct and will be the basis of the Policy and will be considered as incorporated in and constituting a part of the Policy. It is further agreed by the Applicant and all persons proposed for this insurance that such particulars and statements are material to the decision to provide this insurance and that any Policy will be issued in reliance upon the truth of such particulars and statements.

False Information:

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Notice to Arkansas, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

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 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.

Notice to District of Columbia Applicants: WARNING: 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.

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 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.

Notice to 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.

Notice to Maine, Tennessee, Virginia and 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 may include imprisonment, fines or a denial of insurance benefits.

Notice to 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.

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: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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 Puerto Rico Applicants: Any person who knowingly and with the intention of defrauding 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. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Notice to 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.

Company

Signature
Senior Trust Officer

Signature of Chairman
Board of Directors

Date

A Policy cannot be issued unless the Application is properly signed and dated by the Senior Trust Officer and the Chairman, Board of Directors.

NOTE: This Application and all exhibits shall be treated in strictest confidence.

SUBSIDIARY INFORMATION

Name of Subsidiary (City, State)	Date Created Or Acquired	Percent of Ownership	Domestic or Foreign	Year Trust Department Established	Number of Locations with Trust Functions	Total Trust Assets	Number of Trust Officers	Number of Trust Employees	Average Trust Experience for Trust Officers	Average Number of Accounts per Trust Officer

This information is attached to and forms a part of the Application Form for Trust Department Errors & Omissions Indemnity Insurance Policy.