

**UNDERWRITTEN IN FEDERAL INSURANCE COMPANY OR  
VIGILANT INSURANCE COMPANY**

Please answer all of the following inquiries. If the COMPANY agrees to issue a Bond, all of the information which the Applicant provides will become part of any bond issued to the Applicant by Federal Insurance Company or Vigilant Insurance Company. Any intentional misrepresentation, omission, concealment or incorrect statement of a material fact in this RENEWAL APPLICATION or any other Financial Institution Bond Application submitted to this COMPANY will be grounds for rescision.

Please note: The term "Applicant" as used in this RENEWAL APPLICATION refers to all entities for which coverage is desired. It is agreed that coverage is desired for the First Named Assured and those entities listed on the Schedule of Additional Named Assured.

**A. GENERAL INFORMATION**

1. a. Name of First Named Assured: \_\_\_\_\_  
 b. Address of First Named Assured: \_\_\_\_\_

2. Please complete the Schedule of Additional Named Assured under Section D.

3. Name of Agent: \_\_\_\_\_

4. Has there been any change of control, merger, purchase or acquisition of assets or liabilities during the previous twelve (12) months?  YES  NO

If **yes**, please attach a schedule indicating the transfer(s) made, date(s) and individuals(s) or organization(s) involved.

5. Does the Applicant anticipate in the next twelve (12) months:  
 (a) establishing or entering into any related or unrelated ventures?  YES  NO  
 (b) providing any new services?  YES  NO

If **yes** to either or both, please provide, on a separate sheet, full details.

6. With respect to the Applicant:  
 (a) Has any transfer or acquisition of ten percent (10%) or more of the Applicant's voting stock by any person or related persons taken place during the previous twelve (12) months?  YES  NO

If **yes**, please attach a schedule listing the names and ownership percentages of those individuals.

(b) Have there been any changes in the Applicant's senior management or Board of Directors during the previous twelve (12) months?  YES  NO

If **yes**, please attach a list of the names of those individuals.

7. Has the Applicant entered into, been operating under, or been advised of a regulatory agency's intent to issue any consent agreements, special situation agreements, memoranda of understanding, cease and desist orders, or similar restrictions during the previous twelve (12) months?  YES  NO

If **yes**, please provide, on a separate sheet, full details.

8. Has any regulatory agency or outside certified public accounting firm (CPA) noted a lack of timeliness or absenteeism of Directors at Directors' meetings during the previous twelve (12) months?  YES  NO

If yes, please provide, on a separate sheet, full details of such notations.

9. Has the Applicant received knowledge of any facts or circumstances which may give rise to a claim under the Financial Institution Bond during the previous twelve (12) months?  YES  NO

If yes, please provide, on a separate sheet, full details.

10. Has the Applicant made any material changes in its operations including, but not limited to, corporate structure or bylaws, internal controls, or audit procedures during the previous twelve (12) months?  YES  NO

If yes, please provide, on a separate sheet, full details.

11. If the Applicant currently has Computer System coverage, have there been any changes in the Computer System(s)?  YES  NO

If yes, please specify, on a separate sheet, full details.

### B. REQUESTED COVERAGES

Does the Applicant request coverage as expiring?  Yes  No If no, please specify requested changes below.

| INSURING CLAUSES            | LIMIT    | DEDUCTIBLE AMOUNT |
|-----------------------------|----------|-------------------|
| 1. Dishonesty:              |          |                   |
| A. Employee                 | \$ _____ | \$ _____          |
| B. Trade or Loan            | \$ _____ | \$ _____          |
| C. Partner (if Partnership) | \$ _____ | \$ _____          |
| 2. On Premises              | \$ _____ | \$ _____          |
| 3. In Transit               | \$ _____ | \$ _____          |
| 4. Forgery or Alteration    | \$ _____ | \$ _____          |
| 5. Extended Forgery         | \$ _____ | \$ _____          |
| 6. Counterfeit Money        | \$ _____ | \$ _____          |
| 7. Computer System          | \$ _____ | \$ _____          |
| 8. Facsimile Signature      | \$ _____ | \$ _____          |

### C. STATISTICS

With respect to the Applicant, please provide the total number of:

1. Employees: \_\_\_\_\_
2. Branch Offices: \_\_\_\_\_
- (a) Sales \_\_\_\_\_
- (b) Cage \_\_\_\_\_
- (c) Audit \_\_\_\_\_
- (d) All Other \_\_\_\_\_
- Total \_\_\_\_\_

**D. SCHEDULE OF ADDITIONAL NAMED ASSURED**

| Name of Additional Assured | Date Created or Acquired | State of Incorp. | Percent of Ownership | Nature of Business | Name of Parent Institution |
|----------------------------|--------------------------|------------------|----------------------|--------------------|----------------------------|
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This information is attached to and forms a part of the RENEWAL APPLICATION.

## E. OTHER INFORMATION

Please attach the following information with this completed RENEWAL APPLICATION:

- (a) Most recent Focus Report.
  - (b) Most recent Fiscal Year End Audited Financial Statement and most recent Annual Report.
  - (c) CPA Letter of Recommendation to Management and Management's written response to CPA Letter of Recommendation.
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The undersigned persons declare that to the best of their knowledge the statements set forth above and in any attachments to this RENEWAL APPLICATION are true and correct, and that every reasonable effort has been made to obtain sufficient information to facilitate the proper and accurate completion of this RENEWAL APPLICATION. The undersigned agree that if any significant change in the condition of the Applicant is discovered between the date of this RENEWAL APPLICATION and the effective date of the Bond which would render this RENEWAL APPLICATION inaccurate or incomplete, notice of such change will be reported in writing to the COMPANY immediately and, if necessary, any outstanding quotation may be modified or withdrawn. The undersigned persons understand and further agree that the completion and signing of this RENEWAL APPLICATION neither binds the COMPANY to sell nor the Applicant to purchase the insurance.

PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF THE COMPANY AND LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR COVERAGE. AGENTS AND BROKERS ARE NOT AUTHORIZED TO BIND COVERAGE. NO COVERAGE SHALL BE PROVIDED UNLESS THE COMPANY ACCEPTS THE APPLICATION AND BINDS THE COVERAGE.

### **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 material fact thereto, commits a fraudulent insurance act, which is a crime.**

### **False Information (Florida Only):**

**Any person who, knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an Application with any false, incomplete, or misleading information, is guilty of a felony of the third degree.**

### **False Information (Louisiana Only):**

**Any person, who, knowingly and with intent to deceive 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 material fact thereto, commits a fraudulent insurance act, which is a crime.**

### **False Information (Nebraska Only):**

**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 material fact thereto, commits a fraudulent insurance act, which is a crime, when such person subsequently submits a claim.**

### **False Information (New York Only):**

**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 material fact 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.**

### **False Information (Pennsylvania Only):**

**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 material fact thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

**False Information (Virginia Only):**

**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 material fact thereto, commits a fraudulent act, which is a crime.**

First Named Assured: \_\_\_\_\_

By \_\_\_\_\_  
Signature of Chief Executive Officer  
(or other Senior Officer if the Chief Executive Officer  
is also the Chairman, Board of Directors)

By \_\_\_\_\_  
Signature of Chairman, Board of Directors

Date \_\_\_\_\_

Date \_\_\_\_\_

A Bond cannot be issued unless the RENEWAL APPLICATION is properly signed and dated by the Chief Executive Officer (or other Senior Officer if the Chief Executive Officer is also the Chairman, Board of Directors) and the Chairman, Board of Directors.

NOTE: This RENEWAL APPLICATION and all attachments shall be treated in strictest confidence.