

National Union Fire Insurance Company of Pittsburgh, Pa.

A CAPITAL STOCK COMPANY

70 PINE STREET, NEW YORK, N.Y. 10270-0150

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

This form must be completed for each new bond and at each premium anniversary.

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, 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 Insured is a (check the appropriate box): Insurance Company ; Life Insurance Company: Industrial , Non-Industrial ; Other

2. For all Named 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:

Location	Location

3. Complete the following: Total Assets

(a) As of latest Dec. 31	\$ _____
(b) As of latest June 30	\$ _____

4. Complete the following for forms and amounts of optional coverage desired:

Form of Coverage	Yes	No	Amount
(a) Is Insuring Agreement (D) – Forgery or Alteration Coverage desired?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
(b) Is Insuring Agreement (E) – Securities Coverage desired?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
(c) Is Trading Loss Coverage desired?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
(d) Is Extortion – Threats to Persons Coverage desired?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
(e) Is Extortion – Threats to Property Coverage desired?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
(f) Is Computer Systems Coverage desired?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

If "Yes", complete the following:

- (1) Number of independent software contractors of service bureaus authorized to design, develop, prepare, supply, service, write or implement programs for your Proprietary System _____
- (2) Is access to your Proprietary System by customers, agents, brokers or other outside parties permitted?Yes No
- (3) Other Systems, list below: Name _____

4. Complete the following for forms and amounts of optional coverage desired (cont'd):

- (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 amount of coverage on each agent:

<u>Name & Capacity</u>	<u>Amount</u>	<u>Name & Capacity</u>	<u>Amount</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. If deductibles are desired, complete the following: (Deductibles on Insuring Agreements (D) and (E) must be at least equal to that carried on the Basic Bond Coverage.)

<u>Coverages</u>	<u>Amount</u>
All except (D) and (E).....	..\$ _____
(D) - Forgery or Alteration\$ _____
(E) - Securities.....	..\$ _____

7. If coverage is being written on an excess, concurrent or co-surety basis, show names of other carriers, bond amounts and (in the case of co-surety) percentage participations: _____

8. If coverage is being written on a coinsurance basis, show Insured's percentage participation _____%. (Note: Insured 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: _____

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?Yes No
If "Yes", explain: _____

13. 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
		\$	\$	\$	\$	

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.

For 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.

For 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.

Dated at _____ this _____ day of _____, 19__

(Insured) By _____
(Name and Title)