



COMMUNITY FINANCIAL INSTITUTIONS BOND RENEWAL APPLICATION
(Please Type Or Print In Ink)

NAME OF HOLDING COMPANY (if applicable): _____

NAME OF INSTITUTION: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____ YEAR ESTABLISHED: _____

INSURANCE BROKER: _____

GENERAL INSTRUCTIONS:

1. This original application must be signed and dated.
2. Please answer ALL questions. If a question is not applicable, so state. If space is insufficient to answer fully, attach a separate sheet (s).
3. Please provide the following underwriting information to accompany this application:
 - a. Latest Audited Financial Statement or Annual Report including any management letter issued and management's response thereto.
 - b. Complete copy of most current quarterly Financial Report to Federal regulatory authorities.

PLEASE CHECK IF ATTACHED: a. _____ b. _____

Note: Incomplete application or supporting information may delay the underwriting process.

ALL INFORMATION GIVEN IN THIS APPLICATION SHALL BE TREATED AS CONFIDENTIAL AND SHALL BE USED SOLELY BY CNA AND SCARBOROUGH FOR THE PURPOSE OF UNDERWRITING COMMUNITY INSTITUTIONS BOND COVERAGE.

GENERAL INFORMATION

1. With respect to all entities for which bond coverage is desired please provide the number of:

a. Full time officers and employees (all offices):	_____
b. Part time officers and employees (all offices):	_____
c. Full service locations (other than main office):	_____
d. Limited service branch locations:	_____
e. Foreign locations:	_____
f. Loan production offices:	_____

2. Have there been any changes including terminations in senior management since the last renewal? Yes _____ No _____
 If YES, please provide details: _____

3. Have any changes in data processing/computer systems operations occurred since the last renewal? Yes _____ No _____
 If YES, please provide details: _____

ACTIVITIES

1. Provide names and addresses of all newly established and/or acquired subsidiaries owned by the Institution and/or Holding Company, including a brief description of all activities performed by these entities:

2. Does the institution or holding company have plans to acquire or merge (or be acquired or merged) with any other financial institution or holding company (including branch office purchases)? Yes ___ No ___

If YES, please provide details: _____

AUDITING RESPONSIBILITIES

1. Have there been any changes in the Institution's External or Internal Audit Programs since the last renewal? Yes ___ No ___
If YES, please provide details:

REGULATORY INFORMATION

1. Has the INSTITUTION (or its parent or subsidiaries) been given, entered into, or does it expect any Cease and Desist Order, Special Situation Agreement/Memorandum of Understanding, Consent Resolution, or any other agreement, formal or informal (voluntary or involuntary) with any regulatory agency since the last renewal? Yes ___ No ___

IF YES, PLEASE ATTACH A COPY OF THE AGREEMENT AND THE INSTITUTION'S RESPONSE THERETO.

2. Please indicate the number and amount of "classified" loans as a result of the last regulatory examination:

Last Examination:	Date: _____ / _____ / _____	Regulatory Authority: _____
Substandard:	No. _____	Amount: \$ _____
Doubtful:	No. _____	Amount: \$ _____
Loss	No. _____	Amount: \$ _____

3. Please provide the institution's current CAMEL(S) or MACRO rating: _____

4. a. Indicate recommendations in the last examination made by regulatory authorities: _____

- b. Indicate action or compliance with Question 4a above: _____

5. Has there been any regulatory examination for which the Report of Examination is not yet available? Yes ___ No ___
If YES, provide date of exam and a brief summary of the regulator's comments at the conclusion of the examination:

LOSS INFORMATION

1. Does the institution have knowledge of any circumstances or occurrences which could result in a bond claim or materially affect the information provided in this application? If YES, please explain: Yes _____ No _____

2. By separate attachment, please summarize any current or potential litigation against the institution which alleges fraud, dishonest, criminal or other wrongful acts by the institution or any director, officer, or employee of the institution.

The applicant represents and agrees that all of the statements made and information furnished to the Company in applying for this Bond are complete, true, and accurate to the best knowledge and belief of any person making such statement or furnishing such information after diligent inquiry by such person.

NEW YORK FRAUD WARNING: 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.

FRAUD WARNING (NOT APPLICABLE IN NEBRASKA, VERMONT OR VIRGINIA): ANY PERSON WHO KNOWINGLY AND WITH THE 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 PURPOSES OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

SIGNED: _____
(Must be signed by an Officer)

TITLE: _____

INSTITUTION: _____

DATE: _____

Please submit to:
Scarborough
200 East Randolph Street
Suite 1700
Chicago, Illinois 60601

PHYSICAL SECURITY SURVEY

PLEASE COMPLETE THE FOLLOWING FOR EACH BRANCH ESTABLISHED OR ACQUIRED SINCE THE LAST RENEWAL.

ADDRESS, CITY, STATE: _____

1. Is there a vault at this location? Yes _____ No _____
If NO, please describe safeguards over cash and other valuables: _____

If YES,

- a. What is the vault classification? _____
- b. Is it equipped with combination lock(s)? Yes _____ No _____
- c. Is the combination split between two employees? Yes _____ No _____
- d. Is it equipped with a working time lock? Yes _____ No _____
- e. Does the lock have a time delay mechanism? Yes _____ No _____
- f. Is a log maintained for time lock setting? Yes _____ No _____
- g. Do two employees jointly set vault timer and close/lock vault door at night? Yes _____ No _____

2. Maximum cash at this location:
During business hours: \$ _____ Overnight: \$ _____

3. Number of operating teller stations (excluding ATMs): _____

4. Maximum cash: *Each Teller Station* *Head Teller Station*
In working drawer? \$ _____ \$ _____
In excess drawer/safe? \$ _____ \$ _____

5. Is this location equipped with working cameras? Yes _____ No _____

6. Is there a night and/or hold up alarm connected to:
a. Central Station Yes _____ No _____
b. Police station Yes _____ No _____
c. Other (Identify: _____) Yes _____ No _____

7. Is there an alarm connected to:
a. Main vault? Yes _____ No _____
b. Safe deposit vault? Yes _____ No _____
c. Night depository? Yes _____ No _____

ExecutivePerils

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