

SUPPLEMENTAL E-PACK APPLICATION FOR FINANCIAL INSTITUTIONS

I. GENERAL

(TO BE COMPLETED BY ALL APPLICANTS SEEKING ANY COVERAGE)

1. Within the last 2 years, has the Applicant or any Subsidiary been alerted to any of the following conditions:

- a. Concentrations of credit which warrant reduction or correction Yes No
 - b. Extensions of credit which exceed the legal lending limit Yes No
 - c. Any loans or extensions of credit to any directors or officers of the Company or any Subsidiary, or entities controlled by any such directors or officers which have been classified or criticized by any regulator Yes No
 - d. Significant violations of laws or regulations Yes No
 - e. Conflict of interest transactions Yes No
- If "Yes" to any of the above, please attach full details and current status.

2. Within the last 5 years has the Company or any Subsidiary received a Cease and Desist Order from, or entered into any other type of written agreement concerning its operations with, any regulator? Yes No

If "Yes," please attach full details.

3. During the last 3 years, has the Company made any Claim in excess of \$100,000 under its financial institution bond? Yes No

If "Yes," provide details:

II. MISCELLANEOUS (BANKERS') PROFESSIONAL LIABILITY

(TO BE COMPLETED ONLY IF COVERAGE IS BEING REQUESTED FOR THE SPECIFIC PROFESSIONAL SERVICES LISTED)

TRUST DEPARTMENT SERVICES

4. Please provide the following information for all accounts and assets managed or held by the Trust Department (include consolidated information for the Company and all Subsidiaries):

	Number of <u>Accounts</u>	Mkt. Value <u>of Assets</u>	Assets Managed <u>(% of Total)</u>	Custodial Assets <u>(% of Total)</u>	Total = <u>100%</u>
a) Individual Accounts	_____	_____	_____	_____	_____
b) Corporate Trust					
1. Trustee under Bond Indenture	_____	_____	_____	_____	_____
2. Fiscal or	_____	_____	_____	_____	_____

disbursing agent _____

c) ERISA Accounts

1. HR-10 and IRA Plans _____

2. ERISA Fiduciary Plans _____

3. Non-ERISA Pension Plans _____

5. Does the Trust Department have its own investment management staff?..... Yes No
6. a. Does the Trust Department sponsor: common trust? Yes No
 mutual funds? Yes No
- b. Have any of the mutual or common trust funds experienced negative returns in the past two years? Yes No
7. Does the Trust Department have an approved list of securities which can be recommended to its clients? Yes No
8. Does the Trust Department recommend any investments other than stocks, equity funds, bonds, fixed income funds and money market funds? Yes No
9. Does the Trust Department have specific guidelines for allocating customers' investments among various types of securities? Yes No
10. Does the Company invest customers' funds in or recommend to customers common trust funds or proprietary mutual funds, or provide to customers instruments or funds/pools investing in instruments commonly referred to as "derivatives," including any privately negotiated, over-the counter or exchange-traded instrument whose value is linked to or derived from the value of an underlying asset, interest rate, currency exchange rate, or financial index? Yes No
11. Does the Trust Department enter into any of the following types of transactions with broker/dealers that involve the assets of any trust account:
 Repurchase/Reverse Repurchase Agreements? Yes No
 Securities Lending or similar program? Yes No
12. Does the Company or any Subsidiary control 5% or more of the stock in any corporation through its trust functions? Yes No
13. a. Are the trust documents for all new accounts reviewed prior to accepting appointment as trustee? Yes No
- b. Please indicate who conducts the review and briefly describe their qualifications:

- c. If the Trust Department accepts appointment as a successor trustee or co-trustee, does it obtain hold harmless agreements from the previous trustee or co-trustee? ... Yes No
14. Are there written policies and procedures for discretionary distributions from trust accounts?
 ___ Yes ___ No
 If "Yes," please attach a copy of these procedures.

15. Is there a special unit which administers accounts which are subject to ERISA? Yes No
16. Does the Trust Department have a compliance officer? Yes No
17. Does the Trust Department perform management or advisory functions for any special assets, e.g., closely held businesses? Yes No

LENDER LIABILITY

18. The approximate annual revenue/income generated by lending operations is \$ _____.
19. Provide the dollar amount of loans for each of the following categories from the most recent FFIEC Call Report:
- \$ _____ Loan participations sold with recourse
- \$ _____ Dealer floor planning loans
- \$ _____ Construction and land development loans without firm takeout commitments
- \$ _____ Unsecured commercial loans
20. Define the trade territory (geographic limits) for the Applicant and all subsidiaries: _____
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21. Does the Applicant or any subsidiary make loans outside of the established trade territory?
 Yes No
22. Does the Applicant or any subsidiary use the Internet to target loan customers?
 Yes No
23. Does the Applicant or any subsidiary engage in sub-prime lending? Yes No
24. Does the Applicant or any subsidiary make payday loans (cash advances based upon a personal check held for deposit or upon electronic access to a customer's bank account)?
25. Does the Applicant or any subsidiary use third-party loan producers or operate a loan production office, facility, or subsidiary? Yes No
26. Does the Applicant or any subsidiary purchase loans in the secondary market? Yes No
27. Are all the loan documents provided to the borrowers or potential borrowers reviewed, at least annually, by legal counsel? Yes No
28. Is a loan application required for every extension of credit? Yes No
29. Does the Loan Policy:
- a. contain specific levels of lending authority or approval limits for individual officers and committees? Yes No
- b. prohibit a combination of lending limits among officers?..... Yes No
30. Are all agreements to extend credit made in writing?..... Yes No

31. Are signatures on loan documents obtained in the presence of an Officer of the Applicant?
 Yes No
32. Is negotiable collateral maintained under dual control and physically verified at least annually by individuals not involved in the lending relationship?..... Yes No
33. a. The loan review function is performed by: ___ Bank Employee ___ External Firm
- b. Provide the name of the external service or name/title of internal employee(s): _____

- c. How often are loan reviews performed? ___ Monthly ___ Quarterly ___ Annually
 ___ Other (Specify) _____

THE ADMINISTRATION OF INDIVIDUAL RETIREMENT OR KEOGH ACCOUNTS

34. Provide the asset value and number of accounts:

Type of Account	Total Number of Accounts	Total Value of Assets Administered Outside Trust Department
IRA		\$
Keogh		\$

35. Indicate the investment vehicles other than CDs or Money Market Funds of the institution in which the assets of IRA and Keogh accounts may be invested by the Applicant: _____

36. Are the funds of any of these accounts invested in products not managed by the Applicant?
 Yes No

SERVICES PURSUANT TO A WRITTEN AGREEMENT AS A RECEIVER, TRUSTEE IN BANKRUPTCY OR ASSIGNEE FOR THE BENEFIT OF CREDITORS

37. List the number of personal or corporate bankruptcies for which this service is performed annually:

Within the Trust Department: _____
 Outside the Trust Department: _____

38. Are separate records and accounts maintained for each creditor in each bankruptcy?
 Yes No

39. Do internal policies and procedures require that communications with creditors be documented in writing regarding such items as disbursement of funds, settlements, pending suits, etc.?..... Yes No

40. What is the largest asset size bankruptcy for which this service has been provided? \$ _____

SERVICES AS A TRUSTEE PURSUANT TO BOND INDENTURE

41. In each category for which the Company or any Subsidiary serves as trustee, please indicate the number of issues and the volume of each issue:

	<u>Number of Issues</u>	<u>Total Volume Within Trust Department</u>	<u>Total Volume Outside of Trust</u>	<u>Department Size/Vol. Of Largest Issue/Transaction</u>
Trustee under Bond Indenture	_____	_____	_____	_____
- Governmental or Quasi-Government Entity	_____	_____	_____	_____
Private or Public Corporation	_____	_____	_____	_____
- Fiscal Agent	_____	_____	_____	_____
- Escrow Agent	_____	_____	_____	_____
- Transfer Agent	_____	_____	_____	_____
Registrar	_____	_____	_____	_____
Dividend Disbursing	_____	_____	_____	_____
All Other	_____	_____	_____	_____

42. Does the Company or any Subsidiary lend to any entity for whom it serves as a trustee pursuant to bond indenture? Yes No

43. a. Is the Company or any Subsidiary trustee for any bonds in default? Yes No

b. Have any legal actions been threatened or initiated by any bondholders or creditors or any successor trustee?..... Yes No

44. a. Does the Company or any Subsidiary serve as successor trustee for any bonds that are in default?..... Yes No

b. Was the Company or any Subsidiary successor trustee when the default occurred?
 Yes No

c. Has the original trustee agreed to indemnify the Company? Yes No

SERVICES PURSUANT TO A WRITTEN AGREEMENT AS A CUSTODIAN

45. Are services provided for mutual funds? Yes No
If "Yes," provide the following information:

Mutual Funds Functions:	<u>Number of Mutual Funds for which a Function is Performed</u>	<u>Market Value of Assets</u>
- Custodian	_____	_____
- Transfer Agent	_____	_____
- Registrar	_____	_____
- Dividend Disbursing	_____	_____

- All Other _____
 TOTAL _____

46. Does the Company or any Subsidiary serve as custodian or master custodian for pension accounts?
 Custodian? Yes No
 Master Custodian? Yes No
47. In the past 12 months, has the Company filed any reports with regulatory agencies (e.g., Comptroller of the Currency, SEC) as required by law or regulation, because it was not able to meet statutory or regulatory guidelines for the prompt processing of payments, transfers, or other activities cited above? Yes No

SERVICES PURSUANT TO A WRITTEN AGREEMENT AS A WIRE TRANSFER AGENT

48. Please provide the following information about the wire transfer services by the Company or any Subsidiary:
- Number of Customers _____
 Average Daily Volume \$ _____
 Typical Highest Dollar Amount \$ _____
 Typical Average Dollar Amount \$ _____
49. Does the Wire Transfer Department utilize tape recorded conversation verification procedures? Yes No
50. Does the Wire Transfer Department permit wire transfers to be initiated by facsimile transmissions? Yes No

REAL ESTATE BROKER, AGENT, OR MANAGER

Please indicate the functions performed and volume/income information:

51. Broker or Agent: Yes No

If "Yes," provide the following information for the last year:

	<u>Number of Properties Sold</u>	<u>Total Value</u>	<u>Total Commissions</u>
Commercial	_____	_____	_____
Residential	_____	_____	_____
Other	_____	_____	_____
Totals	_____	_____	_____

Number of employees who are licensed as brokers/agents: _____

52. Real Estate Manager: Yes No
 If "Yes", provide the following:

<u>Number of Properties Managed</u>	<u>Estimated Total Value</u>	<u>Management Fees</u>
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Commercial	_____	_____	_____
Residential	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____

53. Do sales contracts and/or property management contracts provide indemnity and/or limitations as to the Company's or Subsidiary's liability? Yes No

54. a. Are policies and procedures maintained to govern management of properties?
 Yes No

b. If "Yes," are there specific guidelines regarding the maintenance of insurance on managed properties? Yes No

SPECIFIED OTHER PROFESSIONAL SERVICE

- To apply for coverage for Notary Public Services, Wire Transfer Agent Services, Travelers Check Services, or other professional services not specified above, complete Application G-133042-A (4-00), Part V.
- When applying for coverage for professional service coverage, attach a copy of the following for the Company and each Subsidiary, when applicable:
 1. Annual Report of Trust Assets (FFIEC 001) for the last two years (annual report of Trust Assets);
 2. All promotional material distributed in connection with the applied-for Professional Services;
 3. Audited financial statements for the Trust Department and each Common Trust Fund for the last five years;
 4. Performance figures for each Common Trust fund under management; and
 5. Two latest internal and external examination reports covering the units providing the Professional Services for which coverage is desired.

III. WARRANTY
(TO BE COMPLETED BY ALL APPLICANTS)

None of the individuals to be insured under any Coverage requested (the "Insured Persons") is responsible for or has knowledge of any wrongful act or fact, circumstance or situation which (s)he has reason to suppose might result in a future claim, except as follows:

A. Exceptions to the Warranty: Yes (Please attach details)

B. No Exceptions: Please check here if there are no exceptions to the warranty

1. It is agreed by all concerned that if any of the Insured Persons is responsible for or has knowledge of any wrongful act, fact, circumstance, or situation which s(he) has reason to suppose might result in a future claim, whether or not described above, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance as to (i) such of the insured persons and (ii) the applicant, subsidiaries and the plan if such insured persons are executive officers. The responsibility or knowledge of any individual shall not be imputed to any other individual for the purposes of determining the availability of coverage.
2. It is declared that this application and any materials submitted or required (which shall be maintained on file by the Insurer and be deemed attached as if physically attached to the proposed Policy) are true and are the basis of the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
3. The undersigned declares that to the best of his/her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from all of the Insured Persons to facilitate the proper and accurate completion of this application for the proposed Policy. Signing of this application does not bind the undersigned to purchase the insurance, but it is agreed that this application shall be the basis of the contract should a Policy be issued, and this application will be attached to and become part of such Policy. The undersigned agrees that if after the date of this application and prior to the effective date of any Policy based on this application, any occurrence, event or other circumstance should render any of the information contained in this application inaccurate or incomplete, then the undersigned shall notify the Insurer of such occurrence, event or circumstance and shall provide the Insurer with information that would complete, update or correct such information. Any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.
4. The information requested in this application is for underwriting purposes only and does not constitute notice to the Insurer under any Policy of a claim or potential claim. All such notices must be submitted to the Insurer pursuant to the terms of the Policy, if and when issued.

The undersigned acknowledges that he or she is aware that defense costs reduce and may exhaust the applicable Limits of Liability. The Insurer is not liable for any loss (which includes defense costs) in excess of the applicable Limits of Liability.

WARNING – ARKANSAS COLORADO, FLORIDA, HAWAII, KENTUCKY, LOUISIANA, NEW JERSEY, NEW YORK, MAINE, OHIO, OKLAHOMA, PENNSYLVANIA AND VIRGINIA RESIDENTS 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 fact material thereto commits a fraudulent insurance act, which is a crime (for New York residents only: 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 Colorado Residents only: Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.) (For Hawaii residents only: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.)

This application must be signed by the Chairman of the Board, Chief Executive Officer or by the President. If coverage is being requested for Trust Department Services (Part II), this application must also be signed by the Senior Trust Officer.

Signed: _____
Title: _____
Corporation: _____
Date: _____

For Trust Department Senior Officer (if applicable)
Signed: _____
Title: _____
Corporation: _____
Date: _____

ExecutivePerils

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