

This form must be completed for each new bond and at each premium anniversary. If more space is needed to answer any of the questions contained herein, attach additional sheets.

**APPLICATION FOR A  
FINANCIAL INSTITUTION BOND, STANDARD FORM NO. 24  
FOR COMMERCIAL BANKS, SAVINGS BANKS AND  
SAVINGS AND LOAN ASSOCIATIONS**

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. 24**, 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): Commercial Bank , Savings Bank , Savings and Loan Association , Other

2. For all Insureds, show the total number of: No. of
- (a) Salaried officers, employees, retained attorneys and persons provided by employment contractors ..... \_\_\_\_\_
  - (b) Banking locations (other than the Home Office of the first Named Insured) in the U.S., Canada, Puerto Rico and Virgin Islands ..... \_\_\_\_\_
  - (c) Limited banking facilities in the U.S., Canada, Puerto Rico and Virgin Islands ..... \_\_\_\_\_
  - (d) No-banking locations in the U.S., Canada, Puerto Rico and Virgin Islands ..... \_\_\_\_\_
  - (e) Banking locations, limited banking facilities and non-banking locations outside of the U.S., Canada, Puerto Rico and Virgin Islands, list below:

<u>Location</u>	<u>Location</u>
_____	_____
_____	_____
_____	_____
_____	_____

Commercial Banks only

3. Complete the following:

	<u>Total Assets</u>	<u>Total Deposits</u>	<u>Total Loans &amp; Discounts</u>
(a) As of latest Dec. 31.. \$ _____	\$ _____	\$ _____	\$ _____
(b) As of latest June 30.. \$ _____	\$ _____	\$ _____	\$ _____

4. Complete the following for optional coverage desired:
- | <u>Form of Coverage</u>  | <u>Single Loss Limit</u> |
|--|--------------------------|
| (a) Is Insuring Agreement (D)—Forgery or Alteration Coverage desired? ..... Yes <input type="checkbox"/> No <input type="checkbox"/> .....                       | \$ _____                 |
| If "Yes", are checking accounts permitted? (Savings Banks and Savings and Loan Associations only) ..... Yes <input type="checkbox"/> No <input type="checkbox"/> |                          |
| (b) Is Insuring Agreement (E)—Securities Coverage desired? .... Yes <input type="checkbox"/> No <input type="checkbox"/> .....                                   | \$ _____                 |
| If "Yes", is Loan Participation Coverage desired?..... Yes <input type="checkbox"/> No <input type="checkbox"/>  |                          |
| (c) Is Trading Loss Coverage desired? ..... Yes <input type="checkbox"/> No <input type="checkbox"/> .....   | \$ _____                 |
| (d) Is Extortion—Threats to Persons Coverage desired?..... Yes <input type="checkbox"/> No <input type="checkbox"/> .....  | \$ _____                 |



4. Complete the following for optional coverage desired (cont'd):

- c) List below shared or other participatory Automated Teller Machine Systems for which coverage is desired:

ATM System(s)

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(3) Is coverage desired for Tested telex or other similar means of Tested communication? Yes  No

(j) Is Voice Initiated Transfer Fraud Coverage desired? (NOTE: Computer Systems Single Loss Limit Fraud Coverage must be purchased in this conjunction with Coverage.) ..... Yes  No  ..... \$ \_\_\_\_\_

If "Yes", what is the dollar amount of the call-back threshold to the originator of an instruction? \$ \_\_\_\_\_  
Single Loss Limit

(k) Is Telefacsimile Transfer Fraud Coverage desired? (NOTE: Computer Systems Fraud Coverage must be purchased in conjunction with this Coverage.) ..... Yes  No  ...\$ \_\_\_\_\_

If "Yes", what is the dollar amount of the call-back threshold to the originator of an instruction? .....\$ \_\_\_\_\_

(l) 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 &amp; Location</u>	<u>Name &amp; Location</u>
_____	_____
_____	_____
_____	_____

Single Loss Limit

(m) Is Servicing Contractors Coverage desired? ..... Yes  No  ...\$ \_\_\_\_\_

If "Yes", complete the following: (NOTE: Servicing Contractors service your real estate mortgages or home modernization loans or manage your real property.)

(1) List below the name and location of each Servicing Contractor **to be covered**:

<u>Name &amp; Location</u>	<u>Name &amp; Location</u>
_____	_____
_____	_____
_____	_____

(2) List below the name and location of each Servicing Contractor **to be excluded**: (NOTE: Commercial Banks, Savings Banks, Savings and Loan Associations, or industry service organizations formed by any of them, may be excluded.)

<u>Name &amp; Location</u>	<u>Name &amp; Location</u>
_____	_____
_____	_____
_____	_____

(n) Is coverage desired on Issuers of Register Checks or Personal Money Orders? (Commercial Banks Only) ..... Yes  No  ..... \$ \_\_\_\_\_ Single Loss Limit

If "Yes", list below the name and location of each Issuer:

<u>Name &amp; Location</u>	<u>Name &amp; Location</u>
_____	_____
_____	_____
_____	_____

4. Complete the following for optional coverage desired (cont'd):

(o) Is coverage desired on your appointed or elected agents, whether they be persons, partnerships or corporations (other than servicing contractors or data processors) performing any act or service in connection with the ordinary conduct of your business?

(Savings Banks and Savings and Loan Associations only) .....Yes  No

If "Yes", list below the name, location and single loss limit of liability on each agent:

Name & Location	Single Loss Limit	Name & Location	Single Loss Limit
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____

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:

Name & Location	Name & Location
_____	_____
_____	_____

6. Check the appropriate box(es) if you are a seller or servicer of secondary market mortgages of: Freddie Mac , Fannie Mae , Ginnie Mae , Other agencies  \_\_\_\_\_

7. For deductibles, complete the following: (NOTE: Deductibles on Insuring Agreements (D) and (E) must be at least equal to that carried on the Basic Bond Coverage, Deductibles on Extortion Coverage and Unattended Automated Teller Machine Coverage may be written in any amount.)

Coverage	Single Loss Deductible
(a) All coverages except Insuring Agreements (D), (E), Extortion and Unattended Automated Teller Machines .....	\$ _____
(b) Insuring Agreement (D)—Forgery or Alteration.....	\$ _____
(c) Insuring Agreement (E)—Securities .....	\$ _____
(d) Extortion—Threats to Persons .....	\$ _____
(e) Extortion—Threats to Property .....	\$ _____
(f) Unattended Automated Teller Machines .....	\$ _____

8. If coverage is being written on an excess, concurrent or co-surety basis, show the names of the other carriers and bond limits. In the case of co-surety also show percentage participations: \_\_\_\_\_

9. If coverage is being written on a coinsurance basis, show your percentage participation \_\_\_\_\_%. (Note: Insured may assume a participation of between 5% and 25%.)

10. Are deposits insured by the Federal Deposit Insurance Corporation? ..... Yes  No

11. 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
- (i) If (a) and (d) or (g) and (h) are answered affirmatively, is there direct verification of at least 20% of all deposit accounts and direct verification of at least 20% of all loan accounts?..... Yes  No

12. 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 the rotation of duties of key personnel without prior notice thereof?..... Yes  No   
 If "No", explain: \_\_\_\_\_
- (c) Is there a formal planned program requiring segregation of duties so that no single transaction can be fully controlled from origination to posting by one person?..... Yes  No   
 If "No", explain: \_\_\_\_\_

13. Date of last examination by State authorities \_\_\_\_\_  
 Date of last examination by Federal authorities \_\_\_\_\_  
 Was there any criticism of your operations in either the last State or Federal examination?..... Yes  No   
 If "Yes", explain: \_\_\_\_\_

14. Has there been any change in ownership or management within the past three years? ..... Yes  No   
 If "Yes", explain: \_\_\_\_\_

15. Has any insurance been declined or canceled during the past three years? ..... Yes  No   
 If "Yes", explain: \_\_\_\_\_

16. List all losses sustained during the past three years, whether reimbursed or not, from \_\_\_\_\_ to \_\_\_\_\_  
(month, day, year) (month, day year)  
 Check if none

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.**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Insured) By \_\_\_\_\_ (Name and Title)