NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. (A Stock Insurance Company, herein called the Underwriter)

AMERICAN HOME ASSURANCE COMPANY (A Stock Insurance Company, herein called the Underwriter)

EXECUTIVE OFFICES 70 PINE STREET

mium anniversary.

This form must be completed for each new bond and at each pri

NEW YORK, NY 10270

APPLICATION FOR A FINANCIAL INSTITUTION BOND, STANDARD FORM NO. 15 FOR FINANCE COMPANIES AND SMALL LOAN COMPANIES

Apr	olication is hereby made by						
	_	(List all	Insureds, including Emp	loyee Benefit Plans)			
Principal Address(No.		(Street)	(City)	(State)	(Zip Code)	(herein called Insured	
for	·	, ,		, ,	, , , ,	o become effective as o	
10.						,	
12:	01 a.m. on	to 12:01 a.m. on		the Aggregat	e Limit of Liability o	it .	
Dat	e Insured was established		Name of pr	ior carrier			
	Insured is a (check the appro Banker , Dealer in Mortg Company principally engag	jages 🗆, Dealer in Con	nmercial Paper 🔲	Note Broker . Re		t Trust 🔲, Title Insurance	
2.	Insured is a (check the ap	propriate box): Sole Pro	oprietorship 🗆, F	artnership 🔲, Co	rporation		
3.	Identify the states in which	you are licensed to do	business:				
	For all Named Insureds, s (a) Salaried officers, emplo (b) Locations (other than the (c) Locations outside the L	yees and persons prove Home Office of the first	ided by employme Named Insured) ir	the U.S., Canada, F			
	Complete the following:					Total Assets	
	(a) As of latest Dec. 31. (b) As of latest June 30					\$ \$	
6.	Complete the following for	forms and amounts of	ontional coverage	desired:			
	Complete the following for	Form of Coverage	optional coverage	desired.		Amount	
	 (a) Is Insuring Agreement (b) Is Insuring Agreement (c) Is Trading Loss Covera (d) Is Extortion—Threats to If "Yes", is coinsuranc (e) Is Extortion—Threats to (f) Is coverage desired on If "Yes", list below the 	(D) — Forgery or Alteraction (E) — Securities Coverage desired?	age desired? sired? esired? the data processir	Yes □Yes □Yes □Yes □Yes □ g of your checks or	No	\$ \$ ecords? Yes \(\text{No} \(\text{D} \)	
	<u>.</u>			_			

coverage desired (cont'd.): Amount If "Yes", complete the following: (1) Number of independent software contractors or service bureaus authorized to design, develop, prepare, supply, service, write (2) Is customer access to your Proprietary System, except by Automated Teller Machine, permitted? Yes If coverage is desired on Computer Systems other than leased, shared or other Automated Teller Machine Systems not accessed to your Proprietary System, list below: Name (4) If coverage is desired on leased, shared or other Automated Teller Machine Systems not accessed to your Proprietary System, list below: No. of Machines (h) Is coverage desired on closing attorneys retained by you to prepare deeds, investigate titles of real property or otherwise assist in the No 🔲 If "Yes", list below the name and location of each closing attorney: Name & Location Name & Location 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 . 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.) Coverages **Amount** All except (D) and (E) (D) — Forgery or Alteration . (E) — Securities 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:___ 10. 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%.) **AUDIT PROCEDURES:** (a) Is there an annual \square or semi-annual \square audit by an independent CPA? Yes \square No 🗆 (b) If "Yes", is it a complete audit made in accordance with generally accepted auditing standards and so certified? Yes 🗌 (c) If the answer to (b) is "No", explain the scope of the CPA's examination ____ (d) Is the audit report rendered directly to all partners if a partnership or to the Board of Directors Yes 🗆 No 🗆 if a corporation?.....

if a corporation?.....Yes

(h) If "Yes", are monthly reports rendered directly to all partners if a partnership or to the Board of Directors

(e) Name and location of CPA___

Date of completion of the last audit by CPA_

How often are loan balances verified?

No 🗆

issio / bor	sured report of the concept of the c	alment or inc I in reliance u	correct statement of upon such informati	Amount Recovered from Insurance \$ urnished in this applia a material fact, in this onthis	application or other	wise, shall be ground	s for the res	than ffice, cation sentatio cission
Lo Lo	sured rep	of Loss Dresents that alment or income	the information forect statement of	Recovered from Insurance \$ urnished in this applia material fact, in this	Recovered from other than Insurance \$	of Loss Pending \$ true and correct. A	at other Main C state loc	than office, cation
0	f	of	of Loss	Recovered from Insurance	Recovered from other than Insurance	of Loss Pending	at other Main C	than Iffice,
0	f	of	of Loss	Recovered from Insurance	Recovered from other than Insurance	of Loss Pending	at other Main C	than Iffice,
0	f	of	of Loss	Recovered from Insurance	Recovered from other than Insurance	of Loss Pending	at other Main C	than Iffice,
0	f	of	of Loss	Recovered from Insurance	Recovered from other than Insurance	of Loss Pending	at other Main C	than Iffice,
0	f	of	of Loss	Recovered from Insurance	Recovered from other than Insurance	of Loss Pending	at other Main C	than Iffice,
0	f	of	of Loss	Recovered from Insurance	Recovered from other than Insurance	of Loss Pending	at other Main C	than ffice,
		* * * .			Recovered	1	at other	than
				1	1 4			
List Che	all losse: eck if nor	s sustained di	uring the past three	years, whether reimburs	sed or not, from	(month, day, year) to _	(month, day	, year)
If ```	Yes'', exp	olain:		d during the past three years?			Yes 🗆	No l
				Tanagement within the			. 160 🗀	INU
Has			ge in ownership or	management within the	past three years?		Yes 🗆	No l
(e)	If "No", explain: (d) Is countersignature of checks (including escrow accounts) required? If "No", explain:							No E
(d)								
(C)								
	fully cor	s there a formal, planned program requiring segregation of duties so that no single transaction can be ully controlled from origination to posting by one person?						No
(0)	Is there	a formal plan	nned program requi	ring segregation of dutic	on so that no single to	apposition can be		
(b)		, orpiditi.						