Application is hereby made by _____

_____

(Please attach a list of all Insureds, including Employee Benefit Plans)

Principal Address _____ City _____ State _____ Zip _____

Policy Effective Period _____ To _____

in the Aggregate Limit of Liability of $ _____ Date Insured was Established _____

Name of Prior Carrier _____

1. Description of Organization

1. Insured is a *(check the appropriate box)*:

   ☐ Commercial Bank   ☐ Savings and Loan Association

   ☐ Savings Bank   ☐ 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. Non-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:

Location	**Location**

		Commercial Banks Only	
3. Complete the following:	**Total Assets**	**Total Deposits**	**Total Loans & Discounts**
a. As of latest Dec. 31	$_____	$_____	$_____
b. As of latest June 30	$_____	$_____	$_____

2. Optional Coverages

		Yes	No	Single Loss Limit
1. Complete the following for optional coverages desired:				
a. Is Insuring Agreement (D) - Forgery or Alteration Coverage desired?		☐	☐	
If yes, are checking accounts permitted? *(Savings Banks and Loan Associations only)*		☐	☐	$_____
b. Is Insuring Agreement (E) - Securities Coverage desired?		☐	☐	
If yes, is Loan Participation Coverage desired?		☐	☐	$_____
c. Is Trading Loss Coverage desired?		☐	☐	$_____

2. Optional Coverages *Continued*

		Yes	No	Single Loss Limit

d. Is Extortion - Threats to Persons Coverage desired? ☐ ☐ $_____
   If yes, list below locations to be excluded:

Location	Location

e. Is Extortion - Threats to Property Coverage desired? ☐ ☐ $_____
   If yes, list below locations to be excluded:

Location	Location

f. Is Fraudulent Real Property Mortgages Coverage desired? ☐ ☐ $_____

g. Is Audit Expense Coverage desired? *(Savings and Loan Associations only)* ☐ ☐ $_____

h. Is Unattended Automated Teller Machine Coverage desired? ☐ ☐ $_____
   If yes, complete the following:
   a. Number of locations to be covered _____
   b. List below locations to be excluded:

Location	Location

i. Is Computer Systems Fraud Coverage desired? ☐ ☐ $_____

   If yes, complete the following:
   a. Insured's Computer System(s)
      For the Computer System(s) you operate, whether owned or leased, complete the following:
   1. Number of independent software contractors authorized to design, implement or service programs for your System(s) _____
   2. Is access to your System(s) by customers, or other outside parties, other than by Automated Teller Machines, permitted (e.g. by computer, terminal or touchtone telephone key pad, etc.)? ☐ ☐
   3. Number of Automated Teller Machines _____
   b. Other Computer Systems
   1. Check if coverage is desired for:

   ☐ **Automated Clearing Houses using Federal Reserve Computer facilities** ☐ CHIPS ☐ SWIFT ☐ Fed Wire

2. Optional Coverages *Continued*

2. List below other Computer System(s) for which coverage is desired
(For Automated Teller Machine Systems, complete Item 3 below.)

Computer System(s)

3. List below shared or other participatory Automated Teller Machine Systems for which coverage is desired:

ATM System(s)

		Yes	No	Single Loss Limit
4.	Is coverage desired for Tested telex or other similar means of tested communication?	☐	☐	
j.	Is Voice Initiated Transfer Fraud Coverage desired? *(Note: Computer Systems Fraud Coverage must be purchased in conjunction with this Coverage.)* **If yes,** what is the dollar amount of the call-back threshold to the originator of an instruction? **$** _____	☐	☐	$_____
k.	Is Telefacsimile Transfer Fraud Coverage desired? *(Note: Computer Systems Fraud Coverage must be purchased in conjunction with this Coverage.)* **If yes,** what is the dollar amount of the call-back threshold to the originator of an instruction? **$** _____	☐	☐	$_____
l.	Is coverage desired on businesses engaged in the data processing of your checks or other accounting records? **If yes,** list below the name and location of each data processor:	☐	☐	

Name & Location	Name & Location

		Yes	No	Single Loss Limit
m.	Is Servicing Contractors Coverage desired? **If yes,** complete the following: *(Note: Servicing Contractors service your real estate mortgages or home modernization loans or manage your real property.)*	☐	☐	$_____

2. Optional Coverages *Continued*

a. List below the name and location of each Servicing Contractor to be covered:

Name & Location	Name & Location

b. 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.)

Name & Location	Name & Location

	Yes	No	Single Loss Limit
n. Is coverage desired on Issuers of Register Check or Personal Money Orders? *(Commercial Banks only)*	☐	☐	$_____

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

Name & Location	Name & Location

	Yes	No	Single Loss Limit
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)*	☐	☐	$_____

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

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

2. Optional Coverages *Continued*

		Yes	No
2. Are you a direct participant in a depository for the central handling of securities? **If yes,** list below the name and location of each depository:		☐	☐

Name & Location	Name & Location

3. 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 _____

4. 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 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	$_____

5. 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:

6. If coverage is being written on a coinsurance basis, show your percentage participation _____ %
   Note: Insured may assume a participation of between 5% and 25%

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

3. Audit Procedures

	Yes	No
1. Is there an ☐ annual ☐ semi-annual**,** audit by an independent CPA?	☐	☐
a. **If yes,** is it a complete audit made in accordance with generally accepted auditing standards and so certified?	☐	☐
b. If the answer to (a) is **no**, explain the scope of the CPA's examination:		
2. Is the audit report rendered directly to the Board of Directors?	☐	☐
3. Name and location of CPA _____		
4. Date of completion of the last audit by CPA _____		
5. Is there a continuous internal audit by an Internal Audit Department?	☐	☐
a. **If yes,** are monthly reports rendered directly to the Board of Directors?	☐	☐
6. If (1) and (2) or (5) and (5a) 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?	☐	☐

4. Internal Controls

		Yes	No
1.	Do you require annual vacations of at least two consecutive weeks for all officers and employees? **If no,** explain:	☐	☐
2.	Is there a formal, planned program requiring the rotation of duties of key personnel without prior notice thereof? **If no,** explain:	☐	☐
3.	Is there a formal, planned program requiring the segregation of duties so that no single transaction can be fully controlled from origination to posting by one person? **If no,** explain:	☐	☐
4.	Date of last examination by State authorities _____		
5.	Date of last examination by Federal authorities _____		
6.	Was there any criticism of your operations in either the last State or Federal examination? **If yes,** explain	☐	☐
7.	Has there been any change in ownership or management within the past three years? **If yes,** explain:	☐	☐
8.	Has any insurance been declined or canceled during the past three years? **If yes,** explain:	☐	☐
9.	a. Have you hired or retained persons with prior convictions?	☐	☐
	b. **If yes**, do you have Employees working in the State of New York?	☐	☐
	c. **If yes** to (b), do you weigh the factors set out in New York State Corrections Law Article 23-A in making the determination to hire or retain such persons?	☐	☐
	d. Do you maintain documentation of your New York State Corrections Law Article 23-A assessment?	☐	☐

5. Loss History

☐ Check if none

List all losses sustained during the past three years, whether reimbursed or not, from _____ to _____
(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

Fraud Statements

Applicable in AL, AR, LA, NM, RI, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

Applicable in CO, ME, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, 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 policy- holder 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.

Applicable in CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NY: 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.

Applicable in OH: 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.

Applicable in OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in OR: This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto. All statements made by or on behalf of the insured, in the absence of fraud, shall be deemed representations and not warranties. No such statements that arise from an error in the application shall be used in defense of a claim under the policy unless: (a) The statements are contained in a written application; and (b) A copy of the application is indorsed upon or attached to the policy when issued. In order to use any representation by or on behalf of the insured in defense of a claim under the policy, the insurer must show that the representations are material and that the insurer relied on them.

Applicable in PA: 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 subjects such person to criminal and civil penalties.

Applicable in other states: Your policy may be void in any case of fraud, intentional concealment or misrepresentation of material fact by you in securing this insurance.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature _____ **Title** _____ **Date** _____

Producer Signature _____ **Title** _____ **Date** _____