



Application For Financial Institution Bond,  
Standard Form No. 24 For Commercial Banks,  
Savings Banks And Savings And Loan Associations

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

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?  Yes     No    \$ \_\_\_\_\_  
 If **yes**, list below locations to be excluded:

Location	Location

e. Is Extortion - Threats to Property Coverage desired?  Yes     No    \$ \_\_\_\_\_  
 If **yes**, list below locations to be excluded:

Location	Location

f. Is Fraudulent Real Property Mortgages Coverage desired?  Yes     No    \$ \_\_\_\_\_

g. Is Audit Expense Coverage desired? *(Savings and Loan Associations only)*  Yes     No    \$ \_\_\_\_\_

h. Is Unattended Automated Teller Machine Coverage desired?  Yes     No    \$ \_\_\_\_\_

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?  Yes     No    \$ \_\_\_\_\_

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.)?*  Yes     No

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?  | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| j. Is Voice Initiated Transfer Fraud Coverage desired? <i>(Note: Computer Systems Fraud Coverage must be purchased in conjunction with this Coverage.)</i><br><b>If yes</b> , what is the dollar amount of the call-back threshold to the originator of an instruction? \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____          |
| k. Is Telefacsimile Transfer Fraud Coverage desired? <i>(Note: Computer Systems Fraud Coverage must be purchased in conjunction with this Coverage.)</i><br><b>If yes</b> , what is the dollar amount of the call-back threshold to the originator of an instruction? \$ _____   | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____          |
| l. Is coverage desired on businesses engaged in the data processing of your checks or other accounting records?<br><b>If yes</b> , list below the name and location of each data processor:  | <input type="checkbox"/> | <input type="checkbox"/> |                   |

**Name & Location**

**Name & Location**


- |   |                          |                          |          |
|---|--------------------------|--------------------------|----------|
| m. Is Servicing Contractors Coverage desired?<br><b>If yes</b> , complete the following:<br><i>(Note: Servicing Contractors service your real estate mortgages or home modernization loans or manage your real property.)</i> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
|---|--------------------------|--------------------------|----------|

**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

n. Is coverage desired on Issuers of Register Check or Personal Money Orders?  
*(Commercial Banks only)*

**Yes**       **No**      **Single Loss Limit**  
 \$ \_\_\_\_\_

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

Name & Location	Name & Location

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**      **Single Loss Limit**  
 \$ \_\_\_\_\_

**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?  Yes  No  
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%

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

**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?  Yes  No  
 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?  Yes  No

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?  Yes  No

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?  Yes  No

**4. Internal Controls**

Yes No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Do you require annual vacations of at least two consecutive weeks for all officers and employees?<br><b>If no</b> , explain:   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a formal, planned program requiring the rotation of duties of key personnel without prior notice thereof?<br><b>If no</b> , explain:  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?<br><b>If no</b> , explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?<br><b>If yes</b> , explain   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has there been any change in ownership or management within the past three years?<br><b>If yes</b> , explain:  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has any insurance been declined or canceled during the past three years?<br><b>If yes</b> , explain:   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. a. Have you hired or retained persons with prior convictions?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <b>If yes</b> , do you have Employees working in the State of New York?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <b>If yes</b> 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?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you maintain documentation of your New York State Corrections Law Article 23-A assessment?  | <input type="checkbox"/> | <input type="checkbox"/> |

**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

**NOTICE TO APPLICANTS:**

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

**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.**

**Applicant Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Producer Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_