



Application for a Combination Safe Depository Policy for Financial Institutions

Application is hereby made by _____
 Principal Address _____ City _____ State _____ Zip _____
 Policy Effective Period _____ to _____
 Name of Prior Carrier _____

1. Coverage Desired

Complete the following for forms and amounts of coverage desired:	Limits of Insurance
a. Liability of Depository- Insuring Agreement A	\$ _____
b. Loss of Customers' Property: Premises Damage- Insuring Agreement B Including <input type="checkbox"/> Excluding <input type="checkbox"/> Coverage on Money	\$ _____
c. Agreements A and B combined- Single Limit of Insurance Including <input type="checkbox"/> Excluding <input type="checkbox"/> Coverage on Money, under B	\$ _____

2. Locations

- a. Total number of locations with a safe deposit box exposure _____
- b. Total number of rented safe deposit boxes at all locations covered _____
- c. List locations to be excluded from coverage _____

3. Internal Controls

	Yes	No
a. Are all safe deposit box renters identified and their addresses verified?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are master signature cards maintained and compared before each entry by box renter?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are customers permitted in vault only with attendant?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is a permanent record of entry dates and signatures of entrants maintained?	<input type="checkbox"/>	<input type="checkbox"/>
e. Do all boxes require two keys to open?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is it a hard and fast rule that customers are never permitted to leave keys at the bank?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are the deceased customer rules written and established?	<input type="checkbox"/>	<input type="checkbox"/>
h. Are locks changed whenever a customer's key is lost or a box is vacated?	<input type="checkbox"/>	<input type="checkbox"/>
i. When a box is abandoned, entered by court order, or upon death of a box holder are at least two responsible officials of the depository present to verify and inventory contents?	<input type="checkbox"/>	<input type="checkbox"/>

4. Physical Security

	Yes	No
a. Are you in complete compliance with the Bank Protection Act? If no, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your physical security system include Central Alarm System Protection over full premises? Does it include protection from entry through the floor? If no, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the central alarm system have Battery Back-up?	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

d. What protections do you have in place to prevent access through the roof?
Please describe:

e. Does the physical security over your vault include a Central Station Alarm System separate and distinct from your premises alarm?
Does it include a battery backup?
Does it include a seismic detector?
Does the alarm protect all 6 sides of the vault?
If no, please explain.

5. Loss History

Yes No

a. Has any insurance been declined or canceled during the past three years?
If "yes", explain: _____

b. List all losses sustained during the past three years, whether reimbursed or not, from _____ to _____
Check if none 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.

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Title _____ Date _____