



## 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<br>Including <input type="checkbox"/> Excluding <input type="checkbox"/> Coverage on Money | \$ _____            |
| c. Agreements A and B combined – Single Limit of Insurance<br>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.

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.

c. Does the central alarm system have Battery Back-up?

☐☐

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 \_\_\_\_\_  
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

## 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.

**Fraud Statements *Continued***

**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 \_\_\_\_\_