



# Application For Financial Institution Bond, Standard Form No. 25 For Insurance Companies

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. Identify your principle line(s) of insurance: \_\_\_\_\_

2. For all insureds, show the total number of: **No. of**
- a. Salaried officers, employees and persons provided by employment contractors. \_\_\_\_\_
  - b. Locations (other than the Home Office of the first Named Insured) in the U.S. and Canada where insurance operations are conducted. \_\_\_\_\_
  - c. Locations in the U.S. and Canada where non-insurance operations are conducted. \_\_\_\_\_
  - d. Locations outside the U.S. and Canada where insurance and non-insurance operations are conducted:

Location	Location

3. Complete the following: **Total Assets**
- 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 the optional coverages desired:
- a. Is Insuring Agreement (D) - Forgery or Alteration Coverage desired?  Yes  No \$ \_\_\_\_\_
  - b. Is Insuring Agreement (E) - Securities Coverage desired?  Yes  No \$ \_\_\_\_\_
  - c. Is Trading Loss Coverage desired?  Yes  No \$ \_\_\_\_\_
  - d. Is Extortion - Threats to Persons Coverage desired?  Yes  No \$ \_\_\_\_\_

**If yes, list below locations to be excluded:**

Location	Location

**2. Optional Coverages Continued**

**Yes      No      Single Loss Limit**

e. Is Extortion — Threats to Property Coverage desired?   \$ \_\_\_\_\_  
**If yes, list below locations to be excluded:**

**Location**

**Location**


f. Is Computer Systems Fraud Coverage desired?   \$ \_\_\_\_\_  
**If yes, complete the following:**

1. Insured's Computer System(s)

For the Computer System(s) you operate, whether owned or leased, complete the following:

a. Number of independent software contractors authorized to design, implement or service programs for your System(s) \_\_\_\_\_

b. Is access to your System(s) by agents, brokers or other outside parties permitted?

2. Other Computer System(s)

List below other Computer System(s) for which coverage is desired:

**Computer Systems**


g. Is coverage desired on your appointed or elected agents, whether they be persons, partnerships or corporations while performing any act or service in connection with the ordinary conduct of your business?    
*(Life Insurance Companies only)*

**If yes, list below the name and capacity in which the agent serves, and single loss limit of liability on each agent:**

**Name & Capacity**

**Single Loss Limit**

**Name & Capacity**

**Single Loss Limit**

	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____

h. Is coverage desired on draft-signers, who while in the service of a policyholder of the Insured are authorized to sign drafts on your behalf?    
**If yes, list below the name and location of each policyholder and draft-signer:**

**Name & Location**

**Name & Location**


**2. Optional Coverages Continued**

**Yes No**

i. 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**


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. 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) and Extortion
- b. Insuring Agreement (D) - Forgery or Alteration
- c. Insuring Agreement (E) - Securities
- d. Extortion - Threats to Persons
- e. Extortion - Threats to Property

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

4. 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:

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

**3. Audit Procedures**

**Yes No**

1. Is there an annual audit by an independent CPA?

2. If yes, is it a complete audit made in accordance with generally accepted auditing standards and so certified?

3. If the answer to (2) is No, explain the scope of the CPA's examination \_\_\_\_\_

4. Is the audit report rendered directly to the Board of Directors?

5. Name and location of CPA \_\_\_\_\_

6. Date of completion of the last audit by CPA \_\_\_\_\_

7. Is there a continuous internal audit by an Internal Audit Department?

If yes, are monthly reports rendered directly to the Board of Directors?

**4. Internal Controls****Yes No**

- | <b>4. Internal Controls</b>   | <b>Yes</b>   | <b>No</b>  |
|---|--|--|
| 1. Do you require annual vacations of at least two consecutive weeks for all officers and employees?<br><b>If no</b> , explain:<br>_____<br>_____   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 2. Is there a formal, planned program requiring segregation of duties so that no single transaction (including claim handling and draft issuance procedures) can be fully controlled from origination to posting by one person?<br><b>If no</b> , explain:<br>_____<br>_____  | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 3. Are bank accounts reconciled by someone not authorized to deposit or withdraw?<br><b>If no</b> , explain:<br>_____<br>_____  | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 4. Is countersignature of checks required?<br><b>If no</b> , explain:<br>_____<br>_____   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 5. Will endorsement of checks on your behalf be limited to endorsements for deposit and credited to your account?<br><b>If no</b> , explain:<br>_____<br>_____  | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 6. Has there been any change in ownership or management within the past three years?<br><b>If yes</b> , explain:<br>_____<br>_____  | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 7. Has any insurance been declined or canceled during the past three years?<br><b>If yes</b> , explain:<br>_____<br>_____   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 8. a. Have you hired or retained persons with prior convictions?<br>b. <b>If yes</b> , do you have Employees working in the State of New York?<br>c. <b>If yes to (b)</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?<br>d. Do you maintain documentation of your New York State Corrections Law Article 23-A assessment? | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

**5. Loss History**

Check here 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** \_\_\_\_\_