



## Renewal Application for Financial Institution Bond Standard Form No.14

Application is hereby made by \_\_\_\_\_

(Please Attached a List of All Insureds, Including Employee Benefit Plans)

Principal Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Effective Period \_\_\_\_\_ to \_\_\_\_\_ Date Insured was Established \_\_\_\_\_

Name of Prior Carrier \_\_\_\_\_ In the Aggregate limit of Liability of \_\_\_\_\_

### 1. Exposure Information

#### 1. Employees and Locations

Domestic Employees \_\_\_\_\_ Domestic Locations \_\_\_\_\_

Foreign Employees \_\_\_\_\_ Foreign Locations \_\_\_\_\_

Grand Total Employees \_\_\_\_\_ Grand Total Locations \_\_\_\_\_

FINRA Registered Representatives Not Included Above (if applicable) \_\_\_\_\_

Total Number of Partners \_\_\_\_\_

#### 2. Since last renewal, have you changed:

**Please explain any yes answers below on a separate page.**

	Yes	No
a. Legal Entity Status?	<input type="checkbox"/>	<input type="checkbox"/>
b. Change in Ownership or Management?	<input type="checkbox"/>	<input type="checkbox"/>
c. External and Internal Controls?	<input type="checkbox"/>	<input type="checkbox"/>
d. Wire Transfer Procedures?	<input type="checkbox"/>	<input type="checkbox"/>
e. Physical Custody of Client Funds or Securities?	<input type="checkbox"/>	<input type="checkbox"/>
f. Exposures of Money and Securities by over 10%?	<input type="checkbox"/>	<input type="checkbox"/>
g. Predominant Business Activity?	<input type="checkbox"/>	<input type="checkbox"/>

3. List all changes to audit or internal control procedures during the previous policy period. ☐ Check here if none

## 2. Loss History

Please explain any losses below on a separate page, along with corrective measures implemented.

List all losses sustained during the past three years, whether reimbursed or not:

☐ Check here 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

### Fraud Statements

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (*or willfully*)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. *\*Applies in MD Only.*

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. 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 policyholder 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 FL and OK:** 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*)\*. *\*Applies in FL Only.*

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and 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 (*not to exceed five thousand dollars and the stated value of the claim for each such violation*)\*. *\*Applies in NY Only.*

**Applicable in ME, TN, VA and 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 denial of insurance benefits. *\*Applies in ME Only.*

**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.

**Fraud Statements *Continued***

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**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 concealing any fact material thereto, commits a fraudulent insurance act, which is a crime.

The Insured represents that the information furnished in this questionnaire is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this questionnaire or otherwise, shall be grounds for the rescission of any Financial Institution Bond or Policy issued in reliance upon such information.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ Insured \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_