

This form must be completed for each new bond and at each premium anniversary. If more space is needed to answer any of the questions contained herein, attach additional sheets.

**APPLICATION FOR A  
FINANCIAL INSTITUTION BOND, STANDARD FORM NO. 25  
FOR INSURANCE COMPANIES**

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

(List all Insureds, including Employee Benefit Plan)

Principal Address \_\_\_\_\_ (herein called Insured)  
(No.) (Street) (City) (State) (Zip Code)

for a \_\_\_\_\_ **Financial Institution Bond, Standard form No. 25**, to become effective as of  
(primary, excess, concurrent, co-surety, coinsured)

12:01 a.m. on \_\_\_\_\_ to 12:01 a.m. on \_\_\_\_\_ in the Aggregate Limit of Liability of \$ \_\_\_\_\_

Date Insured was established \_\_\_\_\_ Name of prior carrier \_\_\_\_\_

1. Identify your principal 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 of the U.S. and Canada, where insurance and non-insurance operations are conducted, list below:

<u>Location</u>	<u>Location</u>

3. Complete the following:

Total Assets

- (a) As of latest Dec. 31..... \$ \_\_\_\_\_
- (b) As of latest June 30..... \$ \_\_\_\_\_

4. Complete the following for optional coverages desired:

**Form of Coverage**

**Single Loss Limit**

- (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:

<u>Location</u>	<u>Location</u>

**Single Loss Limit**

- (e) Is Extortion—Threats to Property Coverage desired?.....Yes  No  .....\$ \_\_\_\_\_

If "Yes", list below locations to be excluded:

<u>Location</u>	<u>Location</u>

**Single Loss Limit**

- (f) Is Computer Systems Fraud Coverage desired?.....Yes  No  .....\$ \_\_\_\_\_

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?.....Yes  No

(2) Other Computer Systems

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

Computer System(s)

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(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) .....Yes  No

4. Complete the following for optional coverages desired (cont'd):

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

<u>Name &amp; Capacity</u>	<u>Single Loss Limit</u>	<u>Name &amp; Capacity</u>	<u>Single Loss Limit</u>
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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? .....Yes  No

If "Yes", list below the name and location of each policyholder and draft-signer:

<u>Name &amp; Location</u>	<u>Name &amp; Location</u>
_____	_____
_____	_____
_____	_____

(i) Is coverage desired on businesses engaged in the data processing of your checks or other accounting records?.....Yes  No

If "Yes", List below the Name and location of each data processor:

<u>Name &amp; Location</u>	<u>Name &amp; Location</u>
_____	_____


5. 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:

<u>Name &amp; Location</u>	<u>Name &amp; Location</u>

6. 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.)

<u>Coverage</u>	<u>Single Loss Deductible</u>
(a) All coverages except Insuring Agreement (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.....	\$ _____

7. 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 the percentage participations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

9. AUDIT PROCEDURES:

- (a) Is there an annual audit by an independent CPA?.....Yes  No
- (b) If "Yes", is it a complete audit made in accordance with generally accepted auditing standards and so certified?.....  
 .....Yes  No
- (c) If the answer to (b) is "No", explain the scope of the CPA's examination \_\_\_\_\_

- (d) Is the audit report rendered directly to the Board of Directors?.....Yes  No
- (e) Name and Location of CPA \_\_\_\_\_
- (f) Date of completion of the last audit by CPA \_\_\_\_\_
- (g) Is there a continuous internal audit by an Internal Audit Department?.....Yes  No
- (h) If "Yes", are monthly reports rendered directly to the Board of Directors?.....Yes  No
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10. INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):

- (a) Do you require annual vacations of at least two consecutive weeks for all officers and employees?.....Yes  No
- If "No", explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- (b) 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.....Yes  No
- If "No", explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- (c) Are bank accounts reconciled by someone not authorized to deposit or withdraw?.....Yes  No
- If "No", explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- (d) Is countersignature of checks required?.....Yes  No
- If "No", explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- (e) Will endorsement of checks on your behalf be limited to endorsement for deposit and credited to you account?.....Yes  No
- If "No", explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

11. Has there been any change in ownership or management within the past three years?.....Yes  No
- If "Yes", explain \_\_\_\_\_

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12. 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

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.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_ By \_\_\_\_\_  
(Insured) (Name and Title)