



FINANCIAL INSTITUTION BOND APPLICATION

Email: Underwriting@SuretyOne.org | Facsimile: 919-834-7039 | Mail: P.O. Box 37284, Raleigh, NC 27627

| | | | | | |
|--|--|-----------|--|----|--|
| Exact Name of Applicant(s) | | | | | |
| Address of Main Office (No., Street, City, State, Zip) | | | | | |
| Coverage to be effective at 12:01A.M. Standard Time where risk is located on the | | day of | | 20 | |
| | | | | | |

1. Date Financial Institution was established: _____

| | | | |
|----|--|--|--|
| 2. | Total no. of officers and employees (<i>incl. part time and leased employees</i>) for all named Applicants:..... | | |
|----|--|--|--|

- a. No. of full service branches (*including foreign and domestic*) **excluding** main office _____
- b. No. of limited facilities* _____

| | | | |
|--|--|--|--|
| | *Operations limited to (<i>foreign and domestic</i>) receiving deposits and loan payments, and to the issuance, payment or cashing of checks or similar instruments. | | |
|--|--|--|--|

- c. No. of rented safe deposit boxes at all locations _____
- d. No. of locations providing safe deposit box services _____

| | | | |
|----|--|-----|----|
| e. | Do all locations providing safe deposit box service have a burglar alarm system that protects the safe deposit boxes by sound sensors? | | |
| | | Yes | No |
| | If no, describe the alarm protection afforded safe deposit boxes at any such locations | | |
| | | | |

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|----|---|--|--|
| 3. | From the latest financial statements dated, list: | | |
|----|---|--|--|

| DATE | TOTAL ASSETS | TOTAL DEPOSITS | TOTAL GROSS LOANS |
|---------------------|--------------|----------------|-------------------|
| December 31, 20____ | | | |
| June 30, 20____ | | | |

| | | | |
|----|---|--|--|
| 4. | If coverage is desired for contract electronic data processors of checks or other accounting records of the applicant, state name and location of each concern: | | |
|----|---|--|--|

| | Name | Location |
|--|------|----------|
| | Name | Location |

| | | | |
|----|--|--|--|
| 5. | With which of the following Electronic Funds Transfer Systems does the applicant have a direct link: | | |
| | Fed Wire SWIFT CHIPS ACH system that is a member of NACHA (Specify NACH | | |

system(_____
s))

Other (specify) _____

6. Does the institution offer N.O.W. accounts (Negotiable Orders of Withdrawal)?..... Yes No
(Not applicable to commercial banks)

7. Is coverage desired for servicing contractors that manage real property owned by the applicant or service the applicant's real property mortgage loans?..... Yes No
(If so, attach list by name and address of each.)

8. Is coverage desired for agents? (Not applicable to commercial banks)..... Yes No
(If so, attach list by name and address of each. Agents are persons/organizations, other than a servicing contractors described above that have contracted with the applicant to perform normal banking operations usually performed by an employee.)

9. Is coverage desired on any Automated Teller Machines?..... Yes No
State the no. of such machines:
a not within or attached to the main office, a branch or facility of the applicant
. _____
b within or attached to the main office, a branch or facility of the Insured
. _____

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| 10. | Check the appropriate box if you are a seller or servicer of secondary market mortgages to: | | |
| | Freddie Mac Fannie Mae Ginnie Mae Other agencies _____ | | |

11. In addition to the losses listed below, has the Insured discovered any incident which has led or appears may lead to the filing with the existing Insurer any notice making claim or reporting facts that may lead to a potential claim involving coverage of the bond herein applied for? (if yes, provide complete details)..... Yes No

12. List all Financial Institution Bond losses sustained during the last six years whether or not reimbursed.
If none, so indicate. Attach separate schedule of loss information for all named applicants if necessary.

| D i s c o v e r y D a t e o f L o s s | Type of Loss | Total Amount of Loss | Amount recovered from Insurance | Recovery other than Insurance | Location of Loss if other than Main Office |
|---|--------------|-------------------------|---------------------------------------|----------------------------------|---|
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13. List all Officers or attach a list if preferred.

| Title | Name | Date of Employment |
|-------|------|--------------------|
|-------|------|--------------------|

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14. Has the applicant had the occasion to obtain a letter from a prior insurer reinstating fidelity coverage for an existing employee for which the applicant had discovered a prior dishonest act? Yes No
Provide brief details if within the last 3 years and the incident was employment related.

15. Please complete the following schedule of desired coverage and deductible amounts. *(Any subsequent quote proposal may vary in limit and deductible amount from that requested.)*

Please attach a copy of your current bond if provided by an Insurer other than Surety One.

| | | INSURING CLAUSE | Desired Limit Of Liability | Desired Deductible Amount |
|--|-------------|--|----------------------------|---------------------------|
| | (A) | DISHONESTY OF EMPLOYEES | | |
| | | Coverage A1-Employee Dishonesty | | |
| | | Coverage A2- Restoration Costs of Electronic Information | | Same as Coverage A1 |
| | (B) | ON-PREMISES BURGLARY, ROBBERY, MISPLACEMENT, etc. | | |
| | (C) | IN-TRANSIT | | |
| | (D) | FORGERY, ALTERATION AND FRAUDULENT INSTRUCTIONS | | |
| | | Coverage D1- Written Documents & Handwritten Signatures | Included Excluded | |
| | | Coverage D2- Telefacsimile, & Voice Instruction Transactions | Included Excluded | |

| | | | |
|-----|---|--|---------------------|
| (E) | FORGERY AND ALTERATION OF SECURITIES AND OTHER INSTRUMENTS | | |
| | Loan Participation Coverage | Included Excluded | |
| (F) | KIDNAP & EXTORTION INCLUDING E-COMMERCE EXTORTION THREATS | | |
| (G) | COUNTERFEIT CURRENCY | | |
| (H) | CLAIMS AND AUDIT EXPENSE | | \$0 |
| (I) | INDEMNITY FOR INJURY OR DEATH OF DIRECTORS OR EMPLOYEES | \$500 / week / person not to exceed total of \$10,000. | \$0 |
| | For injury of Directors or Employees | | |
| | For death of Directors or Employees | \$10,000 | \$0 |
| (J) | SERVICING CONTRACTORS | | |
| (K) | UNATTENDED AUTOMATED MECHANICAL DEVICES | | |
| | Attended automated mechanical devices | Included Excluded | |
| (L) | TRANSIT CASH LETTERS | | |
| (M) | SAFE DEPOSIT BOX | | |
| | Coverage M1. Legal Liability of Depository | | |
| | Coverage M2. Loss of Customers' Property | Money Included Money Excluded | |
| (N) | REAL PROPERTY MORTGAGES - DEFECTIVE SIGNATURES | | |
| (O) | INSURED'S LIABILITY TO CUSTOMER ON STOP PAYMENT ORDERS OR WRONGFUL DISHONOR OF CHECKS | | |
| (P) | COMPUTER THEFT | | |
| | Coverage P1-Property and Uncertificated Securities | | |
| | Coverage P2- Restoration Costs | | Same as Coverage P1 |

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(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 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.)

Attention: Insureds in FL

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 felony of the 3rd degree, and may also be subject to a civil penalty.

Attention: Insureds 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 include imprisonment, fines, and denial of insurance benefits.

Attention: Insureds 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.

Attention: Insureds 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 with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, 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.

In support of this application for Bond, the undersigned authorized officer of the Financial Institution represents that the statements made herein are true to the best of his/her knowledge, and it is understood the underwriter will rely upon such statements in making its decision to issue or renew any Bond for which this application is made.

| | | |
|-------------------------|--|------|
| Exact Name of Applicant | Officer (<i>Signature & Title</i>) | Date |
|-------------------------|--|------|