



APPLICATION FOR DEPOSITOR BONDS

(FDIC INSURED ACCOUNTS)

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

Depositor Bond issued hereunder shall only apply as excess coverage for public and/or private deposit accounts that are insured by the Federal Deposit Insurance Corporation (FDIC).

The Applicant ("Principal" / depository institution) below hereby applies to the Surety for it to execute one of the following types of Depositor Bonds in favor of depositors ("Obligees") of public and/or private funds:

| | | | |
|--|---------------------------------------|--|-------------------------------|
| <input type="checkbox"/> Single Obligee Form | <input type="checkbox"/> Public Funds | <input type="checkbox"/> Private Funds | |
| <input type="checkbox"/> Scheduled Obligees Form | <input type="checkbox"/> Public Funds | <input type="checkbox"/> Private Funds | <input type="checkbox"/> Both |
| <input type="checkbox"/> Specific Group Obligees Form | <input type="checkbox"/> Public Funds | <input type="checkbox"/> Private Funds | |

Legal Name of Applicant (depository institution with banking charter) in which the deposits are maintained and insured by the FDIC.

Address of Applicant (Street, City, State, Zip Code)

SINGLE OBLIGEE BOND

Legal Name and Address of Depositor(s) - include street, city, state and zip code

SCHEDULED OBLIGEEES BOND

Please complete the attached Schedule

SPECIFIC GROUP OBLIGEEES BOND

Please provide a description of how Applicant will identify the specific group of depositors it intends to be covered by the bond. Applicant should provide a letter with this information.

Indicate the requested Maximum Aggregate Bond Penal Sum for the bond (net of applicable FDIC insurance limit). Note - This dollar amount should equal the depositor's highest anticipated account(s) balance for the ensuing year so as to obviate any increases during the term.

Provide the Applicant's requested bond effective date:

Bond to be effective at 12:01 A.M. local time at Principal's address on the _____ day of _____, _____.

Does Applicant have other depositor bonds (private or public funds) with any Surety?

Yes No If yes, please describe.

During the past 12 months has any Surety declined or cancelled any depositor bonds for Applicant?

Yes No If yes, please describe.

Within the past 12 months, has there been in force or is there now pending any regulatory action levied against the Applicant or any of its Officers or Directors including, but not limited to, the following actions?

Yes No

Identify below as applicable. If any actions are checked, please explain on a separate attachment.

Cease & Desist Order Supervisory Agreement Letter Agreement

Memorandum of Understanding Specific Action Directive Other (explain)

Is the Applicant's CAMEL MACRO rating other than a "1" or "2"?

Yes No

Signed and dated this _____ day of _____, _____

NAME OF APPLICANT (principal on the requested bond)

Attest: _____ By: _____

