



SURETY ONE

SURETY BONDS · FIDELITY BONDS & FINANCIAL GUARANTEE

A MEMBER OF THE POINDEXTER GROUP OF COMPANIES

5 W. HARGETT STREET, 4TH FLOOR
RALEIGH, NC 27601

TELEPHONE
(919) 859-5294
(800) 373-2804

FACSIMILE
(919) 834-7039

WEBSITE
WWW.SURETYONE.ORG

BANK DEPOSITORY BONDS (Signature Guarantee / STAMP Bonding)

Our depository bonds allow financial institutions to provide deposit protection to account holders IN EXCESS of the FDIC coverage. This product is an excellent protection for high net worth clientele, businesses, governmental agencies and non-profits. A bank may purchase a bond to protect depositors, individual or by schedule, or for a specific class of client.

There is no specific application for depository bonds. If you wish to have us review your institution for bondability, please begin by completing the attached questionnaire and returning the same to us with your current financial statement.

You may submit your application for bond by any of the following methods:

by EMAIL	Underwriting@SuretyOne.org
by FACSIMILE	919-834-7039
by U.S. Mail	Surety One, P.O. Box 37284, Raleigh, NC 27627
by OVERNIGHT	Surety One, 5 W. Hargett Street, 4 th Floor, Raleigh, NC 27601

Because we take our responsibility to our environment very seriously, we urge our clients to submit application materials to us by EMAIL whenever possible. Feel free to contact us at any time at 919-859-5294 or 800-373-2804

SUMISION DE LA SOLICITUD DE FIANZA

Vd. puede enviarnos su solicitud en una de las maneras anteriormente mencionadas. Respetuosamente, le pedimos que nos entregue su documentos por el medio de correo electrónico. Es nuestro deseo respetar el medioambiente y por tal motivo, reducimos la cantidad de papel que usamos en nuestras oficinas. Cualquier pregunta, tenga la bondad de comunicarse con nosotros a 919-859-5294 o 800-373-2804.

GUARANTEE BOND QUESTIONNAIRE

Financial Institution Name _____

Address _____

Telephone _____ Email _____

BOND AMOUNT REQUESTED

Single \$ _____

Aggregate \$ _____ (double the 'single' amount)

Are you a member of one or more of the following:

- | | | |
|---|------------------------------|-----------------------------|
| Securities Transfer Agent Medallion Program (STAMP) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stock Exchanges Medallion Program (SEMP) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| NY Stock Exchange, Inc. Medallion Signature Program (MSP) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Date of your initial membership _____

Estimated number of annual guarantees _____

Average value of security(ies) guaranteed _____

Value of highest guarantee _____

Current Bonding Company _____

Open bond amounts: Single \$ _____ Aggregate \$ _____

Effective Date _____

Expiration Date _____

Who is your primary financial institution blanket bond insurer?

Bond Limit \$ _____

Per occurrence limit \$ _____

Aggregate limit \$ _____

Effective date _____

Expiration _____

(ATTACH declarations policy part)

Name/Address of CPA/audit firm that prepares applicant's financial statements

Fiscal Year ends? _____ Type of F.Statement? _____

Total Assets? _____ Total Liabilities? _____

Has your institution, guarantee bond surety company, or blanket bond carrier ever paid a loss to a transfer agent on security instrument(s) that you guaranteed? If yes, explain.

Name of preparer

Title of preparer

Institution name

Date