



Janus Assurance Re

Santo Domingo de Guzmán, R.D.

Financial Institution Fidelity Application

STANDARD FORM NO. 14 FOR BROKER/DEALERS

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

Application is hereby made by _____

(List all Insured, including Employee Benefit Plans)

Principal Address _____ (herein called Insured)

for a _____ Financial Institution Bond, Standard Form No. 14, 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. Insured is a (check the appropriate box):

Stockbroker ☐ Investment Banker ☐ Dealer in Securities (not Dealer in Mortgages or Commercial Paper) ☐
Investment Trust (not Small Business Investment Company or Real Estate Investment Trust) ☐ Mutual Fund ☐
Foundation ☐ Endowment Fund ☐ Commodity Broker (if Stock Exchange Member) ☐
Other ☐ _____

2. Insured is a (check the appropriate box): Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐

3. List exchanges which you are a member of:

4. Are you a member of the National Association of Securities Dealers, Inc.? Yes ☐ No ☐

5. For all Insureds, show the total number of:

(a) Salaried officers and employees, retained attorneys and persons provided by employment contractors
(b) NASD Registered Representatives (other than those counted in (a) above)
(c) Locations (other than the Home Office of the first Named Insured) in the U.S., Canada, Puerto Rico and
Virgin Islands
(d) Locations outside the U.S., Canada, Puerto Rico and Virgin Islands, list below:

6. Complete the following:

(a) A3 of latest Dec. 31 Total Assets \$ US.
(b) As of latest June 30 \$ US.



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7. Complete the following for optimal coverages desired:

Single Loss Limit

- (a) Insuring Agreement (D) — Forgery or Alteration Coverage requested? Yes ☐ No ☐ \$ _____
- (b) Insuring Agreement (E) — Securities Coverage requested? Yes ☐ No ☐ \$ _____
- (c) Extortion—Threats to Persons Coverage requested? Yes ☐ No ☐ \$ _____
- If "Yes," list below locations to be excluded;

- (d) Extortion — Threats to Property Coverage desired? Yes ☐ No ☐ Single Loss Limit
\$ _____
- If "Yes", list below locations to be excluded:

- (e) Is Computer Systems Fraud Coverage desired? Yes ☐ No ☐ Single Loss Limit
\$ _____

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 customers or other outside parties permitted? Yes ☐ No ☐

(2) Other Computer Systems)

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

- (f) Is coverage requested on business 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:

Name & Location



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Single Loss Limit

(g) If you are a partnership, is coverage requested on your partners?.....Yes ☐ No ☐ \$ _____

If "Yes", list below the name of each partner:

Name

8. 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:

Name & Location

9. 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)

Single Loss Deductible

- (a) All coverages except Insuring Agreements (D), (E) and Extortion \$ _____
- (b) Insuring Agreement (D) — Forgery for Alteration \$ _____
- (c) Insuring Agreement (E) — Securities \$ _____
- (d) Extortion—Threats to Persons \$ _____
- (e) Extortion—Threats to Property \$ _____

10. 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 percentage participations: _____

11. If coverage is being written on a coinsurance basis, show your percentage participation (NOTE: Insured may assume a participation of between 5% and 25%.) % _____

12. Are accounts insured by the Securities Investors Protection Corporation?Yes ☐ No ☐



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13. AUDIT PROCEDURES:

- (a) Is there an annual ☐ semi-annual ☐ audit by an independent CPA? Yes ☐ No ☐
- (b) If "Yes", is it a complete audit 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 all partners if a partnership or to the Board of Directors if a corporation? 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 all partners if a partnership or to the Board of Directors if a corporation? Yes ☐ No ☐
- (i) Are money and securities actually counted and verified? Yes ☐ No ☐
- (j) Are the ledger balances to the credit of customers verified? Yes ☐ No ☐

14. INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):

- (a) Do you require annual vacations of at least two consecutive weeks for all personnel? Yes ☐ No ☐
If "No", explain: _____
- (b) Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes ☐ No ☐
If "No", explain: _____
- (c) Is countersignature of checks required? Yes ☐ No ☐
If "No", explain: _____
- (d) Are monthly statements (whether or not there was activity in the account) mailed directly to all customers? Yes ☐ No ☐
If "No", explain: _____

15. Has there been any change in ownership or management within the past three years? Yes ☐ No ☐

If "Yes", please explain: _____

16. Has any insurance been declined or canceled during the past three years? Yes ☐ No ☐

If "Yes", please explain _____



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17. List all losses sustained during the past three years, whether reimbursed or not. from: _____ to _____
Check if none ☐ (month, day, year) (month, day, year)

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
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

General

Any person who knowingly and with Intent to defraud any insurance company or other person files an application or statement of claim containing any material 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.

Attention: Insureds in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application or presents or 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 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.

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.

Date at _____ this _____ day of _____

(Insured) By _____
(Name and Title)