



FINANCIAL INSTITUTION BOND APPLICATION FOR INSURANCE COMPANIES

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

Applicant(s) Name (herein called Applicant) _____

Street Address	City	State	Zip Code
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Coverage to be effective at
12:01 A.M. Standard Time on the _____ day of _____, 20____

1. Date Applicant was established: _____

- | | |
|---|----------------|
| 2. For all proposed Applicants, show the total number of: | No. of |
| (a Salaried and non-salaried officers and employees
)
Persons provided by employment contractors | _____
_____ |
| (b Locations (other than the Home Office of the proposed first Named Insured) in the U.S. and
)
Canada, where Applicant's operations are conducted. | _____
_____ |
| (c) Locations outside of the U.S. and Canada, where Applicant's insurance and non-insurance
operations are conducted, list below: | |

Location

Location

3. Identify your principle lines of insurance: _____

- | | |
|------------------------------|---------------------|
| 4. Complete the following: | Total Assets |
| (a As of latest Dec. 31
) | \$ _____ |
| (b As of latest June 30
) | \$ _____ |

- | | | |
|--|-------------------|---------------|
| 5. Coverage in the following forms and amounts is desired: | Deductible | Amount |
| (a) Basic Insuring Agreements A, B, C and F | \$ | \$ |

Complete the following for amounts of optional coverages:

- | | | |
|---|----|----|
| (b) Insuring Agreement D - Forgery or Alteration coverage | | |
| Coverage D1 – Written Documents and Handwritten Signatures | \$ | \$ |
| Coverage D2 – Telefacsimile and Voice Instruction Transactions | \$ | \$ |
| (c) Insuring Agreement E – Forgery and Alteration of Securities and Other Instruments
coverage | \$ | \$ |
| (d) Insuring Agreement G – Claims and Audit Expense coverage | \$ | \$ |

- (e) Insuring Agreement H - Agents of Life Insurance coverage \$ \$
 Coverage H1 - General Agents Provide total number of General Agents: _____ \$ \$
 Coverage H2 - Soliciting Agents Provide total number of Soliciting Agents: _____ \$ \$
 Coverage H3 - Servicing Agents Provide total number of Servicing Agents: _____ \$ \$
- (f) Insuring Agreement I - Servicing Contractors/Third Party Administrators coverage Provide \$ \$
 Provide total number of Servicing Contractors and Third Party Administrators: _____
- (g) Insuring Agreement J -Trading Loss coverage \$ \$
- (h) Insuring Agreement K - Defective Signatures on Real Estate Property \$ \$
 Mortgages coverage
- (i) Insuring Agreement L – Kidnap and Extortion, Including E-Commerce \$ \$
 Extortion Threats coverage

- (j) Insuring Agreement M – Computer Theft coverage
 - (i) Provide the number of independent software contractors or service bureaus authorized to design, develop, prepare, supply, service, write or implement programs for your proprietary system. _____
 - (ii) Is access to your proprietary system by customers, agents, brokers, or other outside parties permitted? Yes No
 - (iii) Provide the number of additional systems accessed. _____

Coverage M1 – Property and Uncertificated Securities \$ \$
 Coverage M2 – Restoration Costs \$ \$

- (k) Is coverage desired on non-employee draft-signers, who while in the service of a policyholder of the Applicant are authorized to sign drafts on your behalf? Yes No
 If yes, what is the maximum dollar amount of authority provided to draft-signers? \$ _____
 Provide the number of non-employee draft-signers. _____

If draft signing authority on your behalf is granted to individuals in the service of your policyholder for the settlement of claims:

- (i) Is such authority supported by written contract setting forth the rights and responsibilities of the parties? Yes No
- (ii) How is such draft signing authority supervised? _____

- (l) 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: *(If more space is necessary, please provide information by attachment)*

Name and Location **Name and Location**

- 6. 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: *(If more space is necessary, please provide information by attachment)*

Name and Location

Name and Location

7. Are books and accounts audited at least every 12 months by an Independent CPA? Yes No
8. Has the CPA rendered a qualified opinion or issued a disclaimer for any of the last three years for reasons other than the statements are prepared on a statutory accounting basis? Yes No
9. Has the CPA issued a letter of material weaknesses/reportable conditions in the past 3 years? Yes No
If yes, please provide a copy of the latest report.
10. Does the external CPA review the internal audit department and make recommendations as respects practices or procedures? Yes No
- If so, have changes been made to comply with recommendations? Yes No
11. Has any bond coverage applicable to any of the Applicants been declined or canceled during the past three years? Yes No
(Note: Missouri Applicants are not required to answer question 11.)
If yes, explain: _____
12. In addition to the losses listed below, has the Applicant discovered any incident which has led or may lead to the filing with the existing Surety of a notice making claim or reporting facts that may lead to a potential claim involving coverages of the bond herein applied for? Yes No
(If yes, provide complete details.)
13. List all Bond losses sustained during the past three years, whether or not reimbursed. If none, so indicate.
- (If more space is necessary, please provide information by attachment)*

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

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.

Please provide the following information with your application:

1. Latest Audited Financial Report.
2. Letter regarding internal controls and Applicant's response to any material weaknesses noted therein.
3. Copy of your current bond and all endorsements.
4. Latest Annual Report unless included within item 1 above.
5. Provide a listing of Applicants, include name, nature of business and percentage of ownership.

In support of this application for Bond, the undersigned authorized officer of the Insurance Company 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 his/her decision to issue or renew any Bond for which this application is made.

REQUIRED COMPLETION

Agency Name and Address

Broker or Agent License Number

Date Submitted

Applicant

Applicant(s) Signature

By: (Name and Title)

Date Signed