



APPLICATION FOR A FINANCIAL INSTITUTION BOND
AND/OR
MANAGEMENT LIABILITY INSURANCE POLICY

THE MANAGEMENT LIABILITY INSURANCE POLICY IS A CLAIMS-MADE AND REPORTED POLICY. COVERAGE IS LIMITED TO LOSS, INCLUDING DEFENSE EXPENSES, RESULTING FROM CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. THERE IS NO COVERAGE UNDER THE MANAGEMENT LIABILITY INSURANCE POLICY FOR CLAIMS MADE PRIOR TO THE EFFECTIVE DATE OF THIS POLICY. PLEASE READ THE POLICY CAREFULLY.

For the purposes of this Application, the term applicant means the Parent Company and all subsidiaries being proposed for coverage.

Parent Company:				
Street:		City & State:	Zip Code:	
1. Representative authorized by the applicant to receive notices from the insurer on behalf of the applicant and its directors and officers:				
2. Common stock: Number of shareholders:		3. Total shares outstanding:		
4. Percentage of shares owned directly or beneficially by directors, officers and employees:				
5. If publicly traded, symbol & exchange: Dividends have been continuously paid since:				
6. Please list any shareholders owning 5% or more of the shares of the applicant including the % owned by each. Check if none <input type="checkbox"/> .				
7. Please list the following information for all of the applicant's subsidiaries, including subsidiaries of subsidiaries:				
Name	Date acquired/created	% Owned	Nature of business	
8. If the applicant offers or plans to offer any of the following services, please complete the following chart.				
	Does now	Plans to	Performed by a Vendor Y or N	Annual Gross Revenue
Accounting or Tax Preparation Services*				
Actuarial Services*				
Computer Hardware or Software Consulting, Design, Installation or Sale				
Data Processing Services				
Discount Brokerage Services				
Insurance Agent/Agency				
Insurance Company				
Investment Advisor/Financial Planning (other than by a Trust Department)				
Investment Banking Services				
Property Management Services				
Real Estate Agent/ Agency				
Sale of Mutual Funds or Annuities				
Security Broker/Dealer Services				
Travel Agent/Agency				
Other non-bank operations, check if none <input type="checkbox"/> .				
*Note: Legal, actuarial and accounting services, other than those performed for the company, are not covered				

under the Professional and Depository Services Liability Insuring Agreement.		
	Yes	No
9. If the applicant provides a service listed above, other than through a vendor, is errors and omissions insurance, other than that covered by the policy for which application is being made, maintained for each of those services? If no, please attach a list of those services not so insured.		
10. If a service listed above is provided through a vendor, does the applicant require the vendor to have errors and omissions insurance and require proof of such insurance on an annual basis?		
11. Has any vendor used by the applicant in the past 5 years filed bankruptcy? If yes, please provide details.		
12. If discount and/or security brokerage services are offered, are there clear disclaimers that such investments are not insured by the FDIC/NCUA and that their value may decrease?		
15. Has there been a change in controlling ownership (10% or more) in the past 5 years? If yes, please provide details.		
16. If the applicant is a mutual association, is consideration being given to a conversion to stock ownership? If yes, please provide details.		
17. If the applicant is a credit union, is consideration being given to a conversion to mutual ownership? If yes, please provide details.		
18. Are there any negotiations pending for the sale of stock of the applicant in excess of 10%? If yes, please provide details.		
19. Has the applicant been involved in any actual or proposed merger, acquisition or divestment in the past 5 years? If yes, please provide details.		
20. Has any regulatory agency denied or indicated they would deny any contemplated merger, acquisition or divestment in the past 5 years? If yes, please provide details.		
21. Have there been any changes in Chairman of the Board, President, Executive Vice President, Chief Financial Officer, Chief Operations Officer, Chief Lending Officer or other senior management in the past 5 years? If yes, please provide details.		
22. Have there been during the past 5 years or are there now pending, any oral or written demands for monetary damages or non-monetary relief, civil or criminal proceedings, formal civil administrative or regulatory proceedings, or arbitration proceedings against the applicant, any subsidiary, or any director, officer, employee or other persons proposed for this insurance? If yes, please provide details, including the damages sought and current status. It is agreed that any claim arising therefrom, is excluded from coverage.		
23. Has any past or present director, officer or employee been charged with or convicted of any criminal act or been the subject of a criminal investigation or regulatory disciplinary action within the past 5 years? If yes, please provide details.		
24. Has the applicant sustained any loss in excess of the deductible under its Financial Institution Bond within the past 5 years? If yes, please provide details, including the total amount of loss, the amount recovered from insurance and the corrective actions taken.		
25. Does the applicant's lending to any one insider, as defined by FDIC Regulation O or similar regulation by the applicant's regulator, exceed 10% of the applicant's equity capital? If yes, please provide details, including the insider involved, the amount and type of loan.		
26. Are any insider loans past due or classified? If yes, please provide details, including the insider involved, the amount and type of loan, the reason for classification and the number of days past due.		
27. Has any Cease and Desist Order, Memorandum of Understanding or similar agreement with any regulatory agency been issued, discussed, or adopted within the past 3 years or are any now pending or anticipated? If yes, please provide details, including the nature and plans to comply with an existing or pending order or agreement.		
28. Were total adversely classified assets from the most recent regulatory exam in excess of 25% of capital? If yes, please attach a breakdown of the amounts classified per classification category and an action plan for reducing the amount of adversely classified assets.		

	Yes	No
29. Were there any violations of law cited as a result of the most recent regulatory exam of either the applicant or the applicant's Trust Department (if applicable)? If yes, please provide details, including the corrective actions taken.		
30. Have all criticisms from the most recent regulatory exams of the applicant and the applicant's Trust Department (if applicable) been reviewed by the Board of Directors and have appropriate corrective actions been taken? If no, please explain.		
31. During the past 3 years, has the applicant been alerted to any concentration of credit that warranted a reduction or correction? If yes, please provide details.		
32. During the past 3 years, has the applicant been alerted to any extension of credit that exceeds the legal lending limit? If yes, please provide details.		
33. Does the applicant periodically audit the loan files of each loan officer to ensure compliance with loan underwriting policies and procedures? If any significant problems have been found as a result of such audits in the past 3 years, please provide complete details, including the officer involved and the type of issues uncovered? Check, if no significant problems were found. <input type="checkbox"/>		
34. Does the applicant participate on loans originated by other financial institutions? If yes, please provide details, including the percentage of the loan portfolio that are participations, the originating institutions, whether or not the borrowers reside outside the applicant's normal trade territory, the steps taken to underwrite the participations and the steps taken to verify the collateral.		
35. Does the applicant require all officers, employees and volunteers (if applicable) to be away from work at least 7 consecutive days and is access to the applicant's computer network cut off during that time?		
36. Does the applicant have a continuous internal audit by an internal auditor who reports directly to the Board of Directors?		
37. In the past 12 months, have there been any branch or office closings, layoffs, terminations or reorganizations? If yes, please provide details.		
38. Are there any branch or office closings, layoffs, terminations or reorganizations contemplated in the next 12 months? If yes, please provide details.		
39. Does the applicant have written human resources policies, including policies against sexual harassment, and have such policies been reviewed by an attorney?		
40. Does the applicant use written employment applications that include employment at will statements?		
41. Do any directors, officers, employees or volunteers (if applicable) of the applicant travel outside the US on business for the applicant? If yes, please provide a list of the countries visited including the frequency of the visits.		
42. Does the applicant offer trust services? If yes, please complete FinSecure's Trust Operations Questionnaire.		
43. Does the applicant, any subsidiary or any director, officer, employee or other persons proposed for this insurance have knowledge of or know information about any act, error, omission which might give rise to a claim under this insurance? If yes, please attach details. It is agreed that if such knowledge or information exists, any resulting claims are excluded from this coverage.		
44. Please provide a copy of the following or indicate its availability via the internet: a. A list of all directors and senior officers of the applicant including their principal business affiliations. Available via the internet? Yes <input type="checkbox"/> No <input type="checkbox"/> b. The most recent CPA audit or directors' exam and/or internal audit. Available via the internet? Yes <input type="checkbox"/> No <input type="checkbox"/> c. The CPA's management letter on internal controls along with responses to any recommendations made. Check, if none was issued: <input type="checkbox"/> d. The Declaration Pages from the current Financial Institution Bond, D&O and/or Professional Liability Policy, Employment Practices Liability Policy, Fiduciary Liability Policy, Trust Errors and Omissions Liability Policy and Kidnap & Ransom Policy, if such bond and policies were written by another carrier.		

FRAUD STATEMENT:

NOTICE: IN SOME STATES, ANY PERSON WHO KNOWINGLY AND INTENTIONALLY FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR INTENTIONALLY CONCEALS INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND IS PUNISHABLE BY LAW.

FRAUD STATEMENT TO ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY ABE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

FRAUD STATEMENT TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FATS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. 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 SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

FRAUD STATEMENT TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

FRAUD STATEMENT TO HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT ANY PERSON WHO PRESENTS A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS GUILTY OF A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

FRAUD STATEMENT TO IDAHO APPLICANTS: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY FILES, A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

FRAUD STATEMENT TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

FRAUD STATEMENT TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

FRAUD STATEMENT TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

FRAUD STATEMENT TO MINNESOTA APPLICANTS: ANY PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

FRAUD STATEMENT TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

FRAUD STATEMENT TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

FRAUD STATEMENT TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

FRAUD STATEMENT TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

FRAUD STATEMENT TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

FRAUD STATEMENT TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY ABE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

FRAUD STATEMENT TO PENNSYLVANIA APPLICANTS: 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.

FRAUD STATEMENT TO TENNESSEE APPLICANTS: 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.

FRAUD STATEMENT TO VIRGINIA APPLICANTS: 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.

FRAUD STATEMENT TO WASHINGTON APPLICANTS: 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.

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE.

Applicant:

By: _____

Signature and Title

Date

(Must be signed by either the Chairman or the President)