

# FINANCIAL INSTITUTION

## BOND AND MANAGEMENT AND PROFESSIONAL LIABILITY INSURANCE APPLICATION



Atlantic Specialty Insurance Company  
(Stock company owned by OneBeacon Insurance Group)

Onebeaconfs.com

**NOTICE: THE MANAGEMENT AND PROFESSIONAL LIABILITY POLICY FOR FINANCIAL INSTITUTIONS PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE UNDERWRITER BE LIABLE FOR "DEFENSE COSTS" OR OTHER "LOSS" IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

If additional space is needed to answer the below questions, attach a separate document to this Application to provide complete answers. If the answer to a question is none, state "None" or "0" in the space provided.

### Application Instructions:

Whenever used in this Application, the term "Financial Institution" shall mean the entity identified in response to Question 1 of this Application.

## I. APPLICANT

- Name of Financial Institution: \_\_\_\_\_
- Street Address: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Authorized individual (Executive Officer) to receive notices and information regarding the proposed insurance:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- Is the Financial Institution wholly or majority owned by another entity (the "Holding Company")?  Yes  No  
If "Yes," please provide the name of the "Holding Company": \_\_\_\_\_

## II. GENERAL INFORMATION

- Financial Institution structure:  Stock Company, Privately Held  Stock Company, Publicly Traded  
 Mutual Association  Other (describe): \_\_\_\_\_
- Ownership (Complete if the "Holding Company" (if applicable) or the Financial Institution has stock or other equivalent ownership instrument):

	<u>"Holding Company"</u>	<u>Financial Institution</u>
a) Number of shareholders	_____	_____
b) Number of shares outstanding	_____	_____
c) Number of shares owned directly or beneficially by directors or officers	_____	_____
d) Does any shareholder own ten percent (10%) or more of common stock (directly or beneficially)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If "Yes," please attach details including names, percentages owned, and whether such shareholder is a Board member.
- Has the "Holding Company" (If applicable), the Financial Institution or any subsidiaries of such entities in the past three (3) years completed or agreed to, or does any such entity contemplate during the next twelve (12) months, any of the following:
  - Merger, consolidation, acquisition, divestiture, or stock offering?  Yes  No

- b) Registration for a public offering of securities or conversion from a mutual to stock ownership?  Yes  No
- c) Change in controlling ownership of ten percent (10%) or more of outstanding voting stock?  Yes  No

If "Yes" to any part of this Question 8, please describe the essential terms of each such transaction as an attachment.

9. Please list all direct and indirect subsidiaries (including limited liability companies and joint ventures) of the "Holding Company" (if applicable) or of the Financial Institution (if no "Holding Company").

If included as an attachment herein, check here . If not applicable, please check here .

Name	Parent	% Owned	Nature of Business	Date Acquired/Created

10. Please provide the following information for all locations of the Financial Institution and its subsidiaries:

Number of: ATMs \_\_\_\_\_ Safe Deposit Boxes \_\_\_\_\_ Locations with Safe Deposit Boxes \_\_\_\_\_



### III. EXAM AND AUDIT INFORMATION

11. External Audit:

- a) Type of external audit:  Full-scope  Directors-scope  Not performed
- b) External audit frequency:  Annually  Every other year  Other (specify): \_\_\_\_\_
- c) Were any material weaknesses noted in the most recent Management Letter?  N/A  Yes  No  
If "Yes," please attach complete details.
- d) Was the most recent audit opinion unqualified (favorable)?  N/A  Yes  No  
If "No," please attach complete details.
- e) Has the Financial Institution changed auditors in the past three (3) years?  N/A  Yes  No  
If "Yes," please attach complete details.

12. Internal Audit:

- a) Who performs the internal audit function?  External Firm  Employees  Not performed
- b) Internal audit frequency: \_\_\_\_\_
- c) Does the internal auditor report directly to the Board of Directors?  Yes  No  
If "No," please attach complete details.

13. Applicable regulatory agency: \_\_\_\_\_ Date of last exam: \_\_\_\_\_

14. In the past three (3) years, has the Financial Institution or any of its subsidiaries been placed under, or does management of any such entity anticipate, any type of regulatory order, agreement or action?  Yes  No

If "Yes," please attach complete details.

15. Were adversely classified assets (sum of substandard, doubtful, and loss) from the most recent regulatory exam in excess of forty percent (40%) of capital?  Yes  No

If "Yes," please attach complete details.

16. Have all criticisms or comments cited in the most recent regulatory examination, internal audit and external audit been addressed by the Board of Directors?  Yes  No

If "No," please attach complete details.

17. During the past three (3) years, has the Financial Institution or any of its subsidiaries, or any director or officer of any such entity, been alerted to any of the following conditions:
- a) Concentration of credits which warrant reduction or correction?  Yes  No
- b) Extensions of credit which exceed the legal lending limit?  Yes  No
- c) Problems involving extensions of credit to directors, officers, employees, other insiders or their related interests?  Yes  No
- d) Any violations of laws or regulations?  Yes  No
- If "Yes," to any part of this Question 17, please attach complete details.

#### IV. FINANCIAL INSTITUTION BOND *(complete only if coverage is requested)*

18. Is there a formal program requiring segregation of duties in every area so that no single transaction can be fully controlled from start to finish by the same person?  Yes  No
- a) If "No", is there a frequent rotation of duties without prior notice thereof?  Yes  No  
If "No", please attach complete details.
19. Does management require annual vacations of at least two (2) consecutive weeks for all employees and prohibit access to work stations during the vacation period?  Yes  No
- a) If "No", does management require annual vacations of at least one (1) week?  Yes  No  
If "No", please attach complete details.
20. Are all loan proceeds prepared and disbursed by someone other than the officer approving the loan?  Yes  No  
If "No", please attach complete details.
21. Are all documents and collateral obtained in conjunction with loans verified as genuine before loan proceeds are disbursed?  Yes  No  
If "No", please attach complete details.
22. Are the following accounts reviewed monthly for unusual deposit or withdrawal activity?  
Check if "Yes."  Employee / Officer accounts  Dormant / Inactive accounts
23. Are all securities accounts reconciled with trade confirmations at least monthly and by someone other than the employee authorized to place orders or execute trades on such accounts?  Yes  No  
If "No", please attach complete details.
24. Are tellers instructed that they should not cash any official check at the instruction of any officer or employee, unless the payee is in the teller's presence?  Yes  No  
If "No", please attach complete details.
25. Are tellers prohibited from cashing checks that are drawn to the order of a depositor for employees of that depositor?  Yes  No  
If "No", please attach complete details.
26. Does the Financial Institution have written agreements in place with all customers who request wire transfers via phone, fax, or email? *(Note: A wire transfer authorization form submitted along with the instruction does not constitute such a written agreement.)*  Yes  No
- a) If "Yes," does such written agreement specify a method to verify the authenticity of phone, fax, or email transfer instructions?  Yes  No
27. For wire transfers initiated by phone, fax, or email; which of the following authentication methods are used?  
 Callback  Password or PIN  Other (describe): \_\_\_\_\_
28. If repetitive customer initiated funds transfers are established, do procedures for changes or deviations require supervisor approval and appropriate confirmation?  Yes  No  
If "No", please attach complete details.

29. Does the Financial Institution allow international wire transfers?  Yes  No  
If "Yes," describe the methods used to verify the authenticity of international wire transfers: \_\_\_\_\_
- 
30. Does the Financial Institution scan and block malicious email (including embedded links and attachments) via an email gateway, and block unauthorized websites via a URL filter?  Yes  No
- 
31. Does the Financial Institution implement and maintain anti-virus software?  Yes  No  
If "Yes, how often are virus signatures updated? \_\_\_\_\_
- 
32. Are all computer systems backed up on a daily basis?  Yes  No  
If "Yes," are back up files stored and secured offsite?  Yes  No
- 
33. Do directors, officers, or other employees of the Financial Institution take trips outside the United States and Canada?  Yes  No  
If "Yes, please provide details of such trips and describe the steps taken to ensure such persons' safety when traveling: \_\_\_\_\_

## V. MANAGEMENT (D & O) LIABILITY *(Complete only if coverage is requested)*

34. Have there been any changes in the Board of Directors or senior management of the Financial Institution within the past three (3) years for reasons other than death or retirement?  Yes  No  
If "Yes," please attach complete details.
- 
35. Within the past three (3) years:
- a) Has any director or officer of the Financial Institution or any of its subsidiaries been charged with or convicted of any criminal act or been the subject of any pending criminal investigation or been the subject of any investigation by any regulatory agency?  Yes  No
- b) Were any loans to directors or officers or any of their affiliates criticized, classified or ninety (90) or more days past due?  Yes  No
- If "Yes" to any part of this Question 35, please attach complete details.

## VI. EMPLOYMENT PRACTICES LIABILITY *(Complete only if coverage is requested)*

36. Has the Financial Institution or any of its subsidiaries in the past twelve (12) months completed or agreed to, or does any such entity contemplate during the next twelve (12) months, any employee layoffs, terminations, branch or office closings, restructurings, or reorganizations?  Yes  No  
If "Yes," please attach complete details.
- 
37. For the past two (2) years, what has been the annual percentage turnover rate of all employees for the Financial Institution and its subsidiaries (all locations)?  
Year: \_\_\_\_, \_\_\_\_%      Year: \_\_\_\_, \_\_\_\_%
- 
38. Does the Financial Institution have a Human Resources Director?  Yes  No  
If "No," who manages the HR function? \_\_\_\_\_
- 
39. Does the Financial Institution have formal written anti-harassment and anti-discrimination policies in place?  Yes  No
- 
40. Does the Financial Institution have an employee handbook that is distributed to all employees?  Yes  No
- 
41. Is there a formalized process in place for reporting complaints/harassment?  Yes  No
- 
42. Does the Financial Institution provide anti-discrimination and anti-harassment training for management level employees?  Yes  No
- 
43. Is outside counsel consulted prior to any employee terminations?  Yes  No

44. Does the Financial Institution have written policies or procedures for dealing with complaints from the general public, customers, clients, vendors, or other third parties?  Yes  No

**VII. FIDUCIARY LIABILITY** *(Complete only if coverage is requested)*

45. Complete the chart for all plans for which coverage is requested:

Plan Name (Do not include health & welfare plans)	Type of plan**	Current Asset Value	Number of plan participants

\*\*Defined contribution (DC), Defined benefit (DB), Employee stock ownership (ESOP), Other (O)

46. In the past three (3) years, have any plans been sold, transferred or terminated?  Yes  No

If "Yes," please attach details including transaction date, status of asset distribution, whether similar benefits are being offered, and name of insurance carrier if terminated plan benefits are secured by insurance.

47. If any plan for which coverage is requested holds or invests in securities of the Sponsor Organization or its subsidiaries, please provide details, including name of plan and number of shares held. \_\_\_\_\_  
If no such securities, check here

48. Is each plan reviewed periodically to assure there are no violations of ERISA or non-compliance with plan agreements?  Yes  No

49. If any plan is an ESOP, what percentage of the Financial Institution's or any of its subsidiaries' stock is owned by the ESOP? \_\_\_\_\_%

50. Have any of the Financial Institution's or its subsidiaries' plans:
- a) been the subject of an investigation by the Department of Labor, IRS, or other government agency?  Yes  No
  - b) filed for an exemption from a prohibited transaction?  Yes  No
  - c) received an adverse opinion as to its financial condition by an independent public accountant?  Yes  No
- If "Yes" to any part of Question 50, please attach complete details.

**VIII. LENDER LIABILITY** *(Complete only if coverage is requested)*

51. Who performs loan reviews?  Employees  External firm (specify): \_\_\_\_\_  
a) How often are loan reviews performed? \_\_\_\_\_

52. Does the Financial Institution or any of its subsidiaries participate in payday or subprime lending?  Yes  No  
If "Yes," please attach complete details.

53. In the past three (3) years, has there been any purchase of loans or 'books' of loans originated by other lenders?  Yes  No  
If "Yes," please attach complete details.

54. Indicate whether the Financial Institution or any of its subsidiaries engage in any of the following:

Lending Activity	Existing Amount
Loan participations originated by third parties	\$
Loan participations sold by the Financial Institution or its subsidiaries <u>with</u> recourse	\$
Loans outside of the Financial Institution's or its subsidiaries' defined trade territory	\$
Dealer floor planning	\$
Construction loans for speculative buildings or homes	\$
Construction loans without firm take-out commitments	\$
Origination of loans solicited by mortgage brokers or other third party loan or lease producers	\$
Origination and sale of loan securitizations	\$

 **IX. PROFESSIONAL SERVICES** *(Complete only if coverage is requested)*

55. Check all services offered by the Financial Institution or any of its subsidiaries and provide the total annual revenue for each:

- |  |          |  |          |
|--|----------|--|----------|
| <input type="checkbox"/> IRA / Keogh Account Administration  | \$ _____ | <input type="checkbox"/> Trust Services                        | \$ _____ |
| <input type="checkbox"/> Investment Advisory / Financial Planning  | \$ _____ | <input type="checkbox"/> Data Processing Services (for others) | \$ _____ |
| <input type="checkbox"/> Security Broker / Dealer  | \$ _____ | <input type="checkbox"/> Accounting Services                   | \$ _____ |
| <input type="checkbox"/> Insurance Services  | \$ _____ | <input type="checkbox"/> Third Party Loan Servicing            | \$ _____ |
| <input type="checkbox"/> Real Estate Services (including but not limited to appraisal, property management and title services) |          |  | \$ _____ |
| <input type="checkbox"/> Other (specify): _____  |          |  |          |

56. For all services offered through a third party vendor, does such third party vendor agree under contract to indemnify, hold harmless, or limit the liability of the Financial Institution for such services?  Yes  No

57. If the Financial Institution or any of its subsidiaries provide insurance services, other than the sale of credit life or disability insurance incidental to the issuance of a loan, complete the following:

- a) Provide the total written premium amount at the most recent year end: \$ \_\_\_\_\_
- b) Does the Financial Institution and its subsidiaries (if applicable) currently have an Insurance Agents Errors and Omissions policy in place?  Yes  No
- c) Does the Financial Institution and its subsidiaries (if applicable) maintain a system to immediately notify insurance carriers of all claims and incidents reported by insurance customers or third party claimants?  Yes  No
- d) Does the Financial Institution conduct internal audits to monitor compliance with insurance errors and omissions procedures?  Yes  No
- e) Does the Financial Institution and its subsidiaries (If applicable) prohibit the placement of insurance with carriers rated lower than A- by A.M. Best Company, or that are not rated?  Yes  No

If "No" to any part of Question 57, please attach complete details.

58. If the Financial Institution or any of its subsidiaries provide security broker/dealer services, complete the following:

- a) Are the security broker/dealer services provided by the Financial Institution or its subsidiaries:
- Referred to an outside firm

Performed by staff employed by both the Financial Institution or its subsidiaries and an outside securities firm (dual employees)

Performed exclusively by the Financial Institution's or its subsidiaries' own employees

b) Does the Financial Institution require a hold harmless agreement when succeeding another security broker/dealer?  Yes  No

c) Do contracts authorizing the Financial Institution or any of its subsidiaries to perform broker/dealer services include an arbitration provision?  Yes  No



**X. TRUST ERRORS & OMISSIONS:** *(If coverage is requested, please complete and submit the Trust E & O Supplemental Application)*



**XI. CLAIMS / LOSSES AND REPRESENTATIONS/PRIOR KNOWLEDGE OF FACTS / CIRCUMSTANCES**

59. During the past five (5) years, has the Financial Institution or any individual or entity proposed for coverage under this insurance submitted any claim or loss, or given notice of any fact, circumstance, situation, transaction, event, act, error, or omission which the Financial Institution, any such individual or any such entity has reason to believe may, or could reasonably be foreseen to, give rise to a claim or loss that may fall within the scope of insurance with any insurer or self-insurance instrument of which the requested coverages would be a direct or indirect replacement?  Yes  No

If "Yes," please provide details:

**NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER IT IS AGREED THAT ANY CLAIM OR LOSS REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 59 IS EXCLUDED FROM THE PROPOSED INSURANCE, AND THAT ANY CLAIM OR LOSS ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR, OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 59 IS EXCLUDED FROM THE PROPOSED INSURANCE.**

60. Is the Financial Institution or any individual or entity proposed for coverage under this insurance aware of any fact, circumstance, situation, transaction, event, act, error or omission that the Financial Institution, any such individual or any such entity has reason to believe may, or could reasonably be foreseen to, give rise to a claim or loss that may fall within the scope of the proposed insurance?  Yes  No

If "Yes," please provide details:

**NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM OR LOSS ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 60 IS EXCLUDED FROM THE PROPOSED INSURANCE.**



**XII. ATTACHMENTS:**

- Latest year audited financial statements or Directors' Exam
- A list of the members of the Board of Directors and their outside affiliations
- The most recent C.P.A. management letter and response
- Currently valued loss history for the last five (5) years



## XIII. FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**ALABAMA AND MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ARKANSAS, MINNESOTA, AND OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

**COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**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.

**FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

**KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**LOUISIANA, NEW MEXICO AND RHODE ISLAND 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.

**MAINE, TENNESSEE, VIRGINIA AND 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 may include imprisonment, fines, or a denial of insurance benefits.

**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.

**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.

**OREGON AND TEXAS APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**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.

**PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.





## XIV. SIGNATURE AND AUTHORIZATION

The undersigned, as the authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. For Florida Applicants, the preceding sentence is replaced with the following sentence: The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. The information in this Application is material to the risk accepted by the Underwriter. If a policy is issued it will be in reliance upon the Application, and the Application will be the basis of the contract.

The Underwriter will maintain the information contained in and submitted with this Application on file and along with the Application will be considered physically attached to, part of, and incorporated into the policy, if issued. For North Carolina, Utah and Wisconsin accounts, this Application and the materials submitted with it shall become part of the policy, if issued, if attached to the policy at issuance.

The Underwriter is authorized to make any inquiry in connection with this Application. The Underwriter's acceptance of this Application or the making of any subsequent inquiry does not bind the Financial Institution or the Underwriter to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Underwriter under any policy of a Claim or potential Claim.

If the information in this Application materially changes prior to the effective date of the policy, the Financial Institution must notify the Underwriter immediately and the Underwriter may modify or withdraw any quotation or agreement to bind insurance. Note this sentence does not apply to Maine Applicants.

**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.

Financial Institution Name	
By (Authorized Signature)	
Name/Title	
Date	

NOTE: THIS APPLICATION MUST BE SIGNED BY THE CHIEF EXECUTIVE OFFICER OR CHIEF FINANCIAL OFFICER OF THE FINANCIAL INSTITUTION ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.

Produced By (Insurance Agent)	
Insurance Agency	
Insurance Agency Taxpayer ID	
Agent License No. or Surplus Lines No.	
Address	Street: City: State:                      Zip:

Submitted By (Insurance Agency)	
Insurance Agency Taxpayer ID	
Agent License No. or Surplus Lines No.	
Address	Street: State:                      Zip: