



**APPLICATION FOR A  
FINANCIAL INSTITUTION BOND, STANDARD FORM NO. 24  
FOR COMMERCIAL BANKS, SAVINGS BANKS AND  
SAVINGS AND LOAN ASSOCIATIONS**

Applications is hereby made by \_\_\_\_\_

(List all Insureds, including Employee Benefit Plans)

Principal Address \_\_\_\_\_ (herein called Insured)  
(Street) (City) (State) (Zip)

for a \_\_\_\_\_ **Financial Institution Bond, Standard Form No. 24**, 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 \_\_\_\_\_

Insured is a (check the appropriate box): Commercial Bank  Savings Bank , Savings and Loan Association  
 Other  \_\_\_\_\_

2. For all Named Insureds, show the total number of : No. of
- (a) Salaried officers and employees, retained attorneys and persons provided by employment contractors
  - (b) Banking locations (other than the Home Office of the first Named Insured) in the U.S., Canada, Puerto Rico and Virgin Islands .....
  - (c) Limited banking facilities in the U.S., Canada, Puerto Rico and Virgin Islands .....
  - (d) Non-banking locations in the U.S., Canada, Puerto Rico and Virgin Islands .....
  - (e) Banking locations, limited banking facilities and non-banking locations outside of the U.S., Canada, Puerto Rico and Virgin Islands, list below:

<u>Location</u>	<u>Location</u>
_____	_____
_____	_____
_____	_____

3. Complete the following:
- |                               | <u>Total Assets</u> | <u>Total Deposits</u> | <u>Total Loans &amp; Discounts</u> |
|-------------------------------|---------------------|-----------------------|------------------------------------|
| (a) As of latest Dec. 31..... | \$ _____            | \$ _____              | \$ _____                           |
| (b) As of latest June 30..... | \$ _____            | \$ _____              | \$ _____                           |

4. Complete the following for forms and amounts of optional coverage desired:
- | <u>Form of Coverage</u>  | <u>Yes</u> <input type="checkbox"/> | <u>No</u> <input type="checkbox"/> | <u>Amount</u> |
|--|-------------------------------------|------------------------------------|---------------|
| (a) Is Insuring Agreement D- Forgery or Alteration Coverage desired?.....                              | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        | .\$ _____     |
| If "Yes", are checking accounts permitted? (Savings Banks and Savings and Loan Associations only)..... | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        |               |
| (b) Is Insuring Agreement E- Securities Coverage desired? .....  | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        | .\$ _____     |
| If "Yes", is Loan Participation Coverage desired? .....  | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        |               |
| (c) Is Trading Loss Coverage desired?.....   | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        | .\$ _____     |
| (d) Is Extortion- Threats to Persons Coverage desired?.....  | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        | .\$ _____     |
| If "Yes", is coinsurance basis desired? .....  | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        |               |
| (e) Is Extortion- Threats to Property Coverage desired? .....  | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        | .\$ _____     |
| (f) If Fraudulent Real Property Mortgages Coverage desired?.....                                       | Yes <input type="checkbox"/>        | No <input type="checkbox"/>        | .\$ _____     |

- (g) Is Audit Expense Coverage desired? (Savings and Loan Association only) Yes  No  . \$ \_\_\_\_\_
- (h) Is Unattended Automated Teller Machines Coverage desired? ..... Yes  No  . \$ \_\_\_\_\_

If "Yes", complete the following: .....

- (1) Number of locations to be covered \_\_\_\_\_
- (2) List below those locations to be excluded:

\_\_\_\_\_

\_\_\_\_\_

4. Complete the following for forms and amounts of optional coverage desired (cont'd):

- (i) Is Computer Systems Coverage desired? ..... Yes  No  ..... \$ \_\_\_\_\_ Amount

If "Yes", complete the following:

(1) Check Computer Systems to be covered:

- a. Any Automated Clearing Houses using Federal Reserve computer facilities
- b. Fed Wire
- c. Additional Systems: C.H.I.P.S.  , S.W.I.F.T.  , Your Proprietary System  ,  
Other Systems **excluding** leased, shared or other Automated Teller Machine Systems not accessed to your Proprietary Systems, list below:  
Name

\_\_\_\_\_

\_\_\_\_\_

- d. Leased, shared or other Automated Teller Machine Systems not accessed to your Proprietary System, list below:  
Name No. of Machines

\_\_\_\_\_

\_\_\_\_\_

- (2) If coverage on your Proprietary Systems is desired, complete the following:
- a. Number of independent software contractors or service bureaus authorized to design, develop, prepare, service, write or implement programs for your Proprietary System.....
- b. Is customer access to your Proprietary System, except by Automated Teller Machine, permitted? ..... Yes  No
- c. Number of unattended Automated Teller Machines accessed to your Proprietary Systems (An "unattended" machine is one situated in a location not permanently staffed by an employee whose duties are usually assigned to a teller.) .....

- (j) Is coverage desired on businesses engaged in the data processing of your checks or other accounting records? ..... Yes

If "Yes", list below the name and location of each data processor:

<u>Name &amp; Location</u>	<u>Name &amp; Location</u>
_____	_____
_____	_____
_____	_____

- (k) Is Servicing Contractors Coverage desired? ..... Yes  No  ..... \$ \_\_\_\_\_ Amount

If "Yes", complete the following: (NOTE: Servicing Contractors service your real estate mortgages or home modernization loans or manage your real property.)

(1) List below the name and location of each Servicing Contractor to be covered and, where applicable, the amount of Excess Indemnity on each:

<u>Name &amp; Location</u>	<u>Amount of Excess Indemnity</u>	<u>Name &amp; Location</u>	<u>Amount of Excess Indemnity</u>
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____

(2) List below the name and location of each Servicing Contractor to be excluded: (NOTE: Commercial Banks, Savings Banks, Savings and Loan Associations, or industry service organizations formed by any of them, may be excluded.)

<u>Name &amp; Location</u>	<u>Name &amp; Location</u>
_____	_____
_____	_____
_____	_____

(l) Is coverage desired on Issuers of Regular Checks or Personal Money Orders? Amount  
 (Commercial Banks only) ..... Yes  No  \$

If "Yes", list below the name and location of each Issuer:

<u>Name &amp; Location</u>	<u>Name &amp; Location</u>

4. Complete the following for forms and amounts of optional coverage desired (cont'd):

(m) Is coverage desired on your appointed or elected agents, whether they be persons, partnerships or corporations (other than servicing contractors or data processors) performing any act or service in connection with the ordinary conduct of your business?

(Savings Banks and Savings and Loan Associations only) ..... Yes  No

If "Yes", list below the name, location and amount of coverage on each agent:

<u>Name &amp; Location</u>	<u>Amount</u>	<u>Name &amp; Location</u>	<u>Amount</u>
	\$		\$

5. 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:

<u>Name &amp; Location</u>	<u>Name &amp; Location</u>

6. Check the appropriate box(es) if you a seller or servicer of secondary market mortgages of: Freddie Mac , Fannie Mae ,  
 Ginnie Mae , Other agencies

7. If deductibles are desired, complete the following: (Deductibles on Insuring Agreements (D) and (E) must be at least equal to that carried on the Basic Bond Coverage. The deductible on Unattended Automated Teller Machine Coverage may be carried in any amount).

<u>Coverages</u>	<u>Amount</u>
All except (D) and (E).....	\$
(D) Forgery or Alteration.....	\$
(E) Securities.....	\$
Unattended Automated Teller Machines	\$

8. If coverage is being written on an excess, concurrent or co-surety basis, show names of other carriers, bond amounts and (in the case of co-surety) percentage participations:

9. If coverage is being written on a coinsurance basis, show Insured's percentage participation \_\_\_\_\_ % (Note: Insured may assume a participation of between 5% and 25%.)

10. Are deposits insured by:  
 (a) Federal Deposit Insurance Corporation? ..... Yes  No   
 (b) Federal Savings and Loan Insurance Corporation? ..... Yes  No

11. AUDIT PROCEDURES:

(a) Is there an annual audit by an independent CPA? ..... Yes   
 (b) If "Yes", is it a complete audit made 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..... Yes  No   
 (d) Is the audit report rendered directly to the Board of Directors? ..... Yes  No   
 (e) Name and location of CPA \_\_\_\_\_  
 (f) Date of Corporation 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 the Board of Directors? ..... Yes  No
- (i) If (a) and (d) or (g) and (h) are answered affirmatively, is there direct verification of at least 20% of all deposit accounts and direct verification of at least 20% of all loan accounts? ..... Yes  No

12. INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):

- (a) Do you require annual vacations of at least two consecutive weeks for all officers and employees ..... Yes  No   
If "No", explain: \_\_\_\_\_
- (b) Is there a formal, planned program requiring the rotation of duties of key personnel without prior notice thereof? ..... Yes  No   
If "No", explain: \_\_\_\_\_
- (c) Is there a formal, planned program requiring segregation of duties so that no single transaction can be fully controlled from origination to posting by one person? ..... Yes  No   
If "No", explain: \_\_\_\_\_

13. Date of last examination by State authorities \_\_\_\_\_  
Date of last examination by Federal authorities \_\_\_\_\_  
Was there any criticism of your operations in either the last State or Federal examination ..... Yes  No   
If "Yes", explain: \_\_\_\_\_

14. Has there been any change in ownership or management within the past three years? ..... Yes  No   
If "Yes", explain: \_\_\_\_\_

15. Has any insurance been declined or canceled during the past three years? ..... Yes  No   
If "Yes", explain: \_\_\_\_\_

16. 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
		\$	\$	\$	\$	

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.

NOTICE TO NEW YORK AND OHIO APPLICANTS:

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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. IN NEW YORK, A PERSON WHO COMMITS SUCH CRIME SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
By \_\_\_\_\_ (insured) \_\_\_\_\_ (Name and Title)