

# FINANCIAL INSTITUTION

## BOND AND MANAGEMENT AND PROFESSIONAL LIABILITY INSURANCE RENEWAL APPLICATION



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

[Onebeaconfs.com](http://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 INSURER 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

1. Name of Financial Institution: \_\_\_\_\_
2. Street Address: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Authorized individual (Executive Officer) to receive notices and information regarding the proposed insurance:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. 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

6. 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:
  - a) 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
  - d) Creation of any new subsidiaries?  Yes  NoIf "Yes" to any part of this Question 6, please describe the essential terms of each such transaction as an attachment.
7. 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

8. External Audit:
  - a) Were any material weaknesses noted in the most recent Management Letter?  N/A  Yes  No

If "Yes," please attach complete details.

b) Was the most recent audit opinion unqualified (favorable)?

N/A  Yes  No

If "No," please attach complete details.

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

10. 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.

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

11. Has the Financial Institution changed or eliminated any of the internal controls that were in place as of the date of the last completed *Financial Institution Bond and Management and Professional Liability Application* submitted to the Underwriter?  Yes  No

If "Yes," please attach complete details.

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

12. 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.

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

13. 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.

14. During the past three (3) years, has the Financial Institution made any amendments to its employee handbook or to any of its human resources policies or procedures?  Yes  No

If "Yes," please attach complete details.

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

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

| Plan Name<br>(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)

16. 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.

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

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

18. Please provide the current dollar amount value of the following types of loans held by the Financial Institution or any of its subsidiaries:

| Lending Activity  | Existing Amount |
|---|-----------------|
| Loan participations originated by third parties   | \$              |
| Loans outside of the Financial Institution's or its subsidiaries' defined trade territory       | \$              |
| Origination of loans solicited by mortgage brokers or other third party loan or lease producers | \$              |

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

19. 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): _____  |          |  |          |

20. 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, provide the total written premium amount at the most recent year end: \$ \_\_\_\_\_

**X. TRUST ERRORS & OMISSIONS:** *(Complete only if coverage is requested)*

21. Indicate below the number of, and the consolidated market value of the assets for, each type of account administered by the Financial Institution's or any of its subsidiaries' Trust Department:

| Trust Type                           | Number of Accounts | Custodial | Non-Discretionary | Managed/Discretionary |
|--------------------------------------|--------------------|-----------|-------------------|-----------------------|
| Personal trusts and agency accounts  |                    | \$        | \$                | \$                    |
| ERISA accounts                       |                    | \$        | \$                | \$                    |
| Corporate trusts and agency accounts |                    | \$        | \$                | \$                    |
| All other trust accounts             |                    | \$        | \$                | \$                    |



**XI. INCREASED LIMITS** *(Complete only if the Financial Institution is requesting limits higher than those on its expiring policy)*

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22. 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:



**XII. ATTACHMENTS:**

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- Latest year audited financial statements or Directors' Exam
  - The most recent C.P.A. management letter and response.
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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.

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

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