

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY

IMPORTANT NOTE: THE POLICY FOR WHICH APPLICATION IS MADE, IF ISSUED, WILL BE ON A CLAIMS MADE BASIS. THE POLICY, SUBJECT TO THE DECLARATIONS, INSURING AGREEMENTS, GENERAL TERMS, CONDITIONS, AND LIMITATIONS, AND OTHER TERMS OF THE POLICY, APPLIES ONLY TO CLAIMS THAT ARE FIRST MADE DURING THE POLICY PERIOD, THE AUTOMATIC DISCOVERY PERIOD OR, IF EXERCISED, DURING THE ADDITIONAL EXTENDED DISCOVERY PERIOD.

THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. DEFENSE COSTS INCURRED SHALL BE APPLIED AGAINST THE APPLICABLE RETENTION.

Please check the coverage option(s) you are applying for and complete those section(s) of this application as instructed. All Applicants must sign and date the application.

- | | |
|---|--|
| <p><input type="checkbox"/> Management Liability Insuring Agreement
 <i>Check one of the three following coverage options:</i></p> <p><input type="checkbox"/> D & O Individual Coverage <i>(Complete Section I)</i></p> <p><input type="checkbox"/> D & O Individual Coverage <i>(Complete Section I)</i> and Company Indemnification Coverage</p> <p><input type="checkbox"/> D & O Individual Coverage; Company Indemnification Coverage; and Company Liability Coverage <i>(Complete Section I)</i></p> <p><input type="checkbox"/> Employment Practices Liability Insuring Agreement</p> <p><input type="checkbox"/> Employment Practices Liability Coverage <i>(Complete Sections I and II)</i></p> | <p><input type="checkbox"/> Fiduciary Liability Insuring Agreement
 <i>(Complete Sections I and III)</i></p> <p><input type="checkbox"/> Credit Union Professional Liability Insuring Agreement
 <i>Check any of the two coverage options:</i></p> <p><input type="checkbox"/> Lender Liability Coverage <i>(Complete Sections I and IV)</i></p> <p><input type="checkbox"/> Professional Services Liability Coverage <i>(Complete Sections I and V and the Supplemental Application for Professional Services, 58281)</i></p> |
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SECTION I - GENERAL INFORMATION

1. Name of Parent Company _____

2. Street Address _____

City	State	Zip Code	County

<p>3. (a) State of Incorporation</p> <p>(b) <input type="checkbox"/> Federally Chartered <input type="checkbox"/> State Chartered</p> <p>(c) Are deposit accounts federally insured? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, attach full details</p>	<p>4. The Parent Company has continuously been in business since:</p> <p>_____</p>
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5. (a) Website address: _____	(b) SIC Code _____
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6. a. Is the Parent Company's field of membership common bond based on:

Community Associational Occupational Multiple group associational and/or occupational

b. Identify the group(s) as defined in the Parent Company's charter to which its field of membership is limited, or attach a copy of the appropriate section of the Parent Company's bylaws describing its field of membership:

c. Has the Parent Company or its Subsidiaries filed within the past three years or does it anticipate filing within the next twelve months an amendment to its field of membership, or does it have under consideration a conversion of its charter to a mutual association or to stock ownership? **If yes, attach full details.** Yes No

7. What are the Parent Company's and its Subsidiaries' policies and procedures with respect to directors or officers who miss more than 25% of the Board of Director meetings? _____

8. Indicate the Board Committees that are in existence and the meeting frequency of each: _____

9. Provide the following information with your application. Such items attached are made a part of this application by reference.

- a. List of Directors and Officers of the Parent Company.
 - b. Copy of the most recent Annual Report or the audited financial statements. If an Annual Report or audited financial statements are not available, attach a copy of the most recent Director's Exam.
 - c. Copy of the most recent Management Letter and applicant's responses to any recommendations made therein.
 - d. If available, a copy of the most recent quarterly financial statement filed with the NCUA or the most recent financial statement filed with the appropriate state regulatory authority.
10. a. Provide the following insurance information:

	Limit	Retention	Insurer	Exp. Date	Premium
Management Liability Insurance (D&O)					
Employment Practices Liability Insurance (EPL)					
Fiduciary Liability Insurance					
Credit Union Professional Liability Insurance					
General Liability Insurance					
Credit Union Bond					

- b. Has any company or Lloyd's declined, canceled or refused to renew any of the coverages listed above? **If yes, attach full details. (not applicable in Missouri)**..... Yes No
- 11. Have there been any changes in senior management in the last 12 months? **If yes, attach full details.**..... Yes No

NOTE: As used in this application, the term "Subsidiary" includes non-profit entities, limited liability companies or joint ventures. Please answer questions accordingly.

- 12. Is coverage requested to include any Subsidiaries that are more than 50% owned or controlled by the Parent Company, either directly or indirectly through one or more of its Subsidiaries? **If yes, attach a list of Subsidiaries, and indicate for each one its name, percentage of the Parent Company's ownership, or control, nature of business and date acquired or created.**..... Yes No
- 13. Does the Parent Company or its Subsidiaries have under consideration any acquisition, merger, consolidation or divestiture; or purchase or sale of assets exceeding 5 % of the consolidated assets of the Parent Company and its Subsidiaries? Yes No
- 14. Does the Board of Directors regularly review the Parent Company's and its Subsidiaries':
 - a. Financial Statements Yes No
 - b. Loan and Investment Policy Yes No
 - c. Investment Activities Yes No
 - d. Pending Litigation (against them)..... Yes No
 - e. Significant Loans or Lines of Credit Yes No
 - f. Asset - Liability Management Policy Yes No
 - g. Charged Off Loans..... Yes No
 - h. Personnel Policy..... Yes No
 - i. Operations Manual..... Yes No
 - j. IRA/Keogh Account Investment Policy Yes No
- 15. a. Does the Parent Company or its Subsidiaries offer IRA/Keogh accounts to its customers? Yes No
- b. Does the Parent Company or its Subsidiaries have a mortgage banking operation? Yes No

16. a. Indicate by checking the box, which of the following professional services the Parent Company or its Subsidiaries offer:
- | | |
|---|--|
| <input type="checkbox"/> Accounting or Tax Preparation Services | <input type="checkbox"/> Property Management Services |
| <input type="checkbox"/> Actuarial Services | <input type="checkbox"/> Real Estate Agent/Agency |
| <input type="checkbox"/> Computer Hardware or Software Consulting, Design, Installation or Sale | <input type="checkbox"/> Real Estate Appraisal Services |
| <input type="checkbox"/> Data Processing Services | <input type="checkbox"/> Sale of Mutual Funds or Annuities |
| <input type="checkbox"/> Discount Brokerage Services | <input type="checkbox"/> Sale of Traveler's Checks, Cashier's Checks or Money Orders |
| <input type="checkbox"/> Insurance Agent/Agency | <input type="checkbox"/> Sale or Administration of Credit Cards |
| <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Security Broker/Dealer Services |
| <input type="checkbox"/> Investment Adviser/Financial Planning | <input type="checkbox"/> Third Party Loan Servicing |
| <input type="checkbox"/> Investment Banking Services | <input type="checkbox"/> Travel Agent/Agency |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Wire Transfer Agent Services |

b. Are specific Errors and Omissions policies maintained for each of the services offered above? Yes No
If no, attach full details.

c. Does St. Paul Travelers provide a specific Errors and Omission Policy for any of services above? Yes No
If yes, attach full details.

For questions 17, 18, 19 and 20, attach a separate schedule for each deposit taking institution.

17. What percentage of the loan portfolio consists of participations accepted from other originating financial institutions? _____%

18. Are any loans or other extensions of credit to directors or officers 90 days past due or classified by any regulatory agency? Yes No

19. a. State the total amount of all loans and other assets classified as Other Assets Especially Mentioned (OAEM), substandard, doubtful or loss or their equivalent for each of the most recent past three years:

Year	OAEM	Substandard	Doubtful	Loss

b. Are these amounts greater than the amounts so classified by regulators in each of the most recent three regulatory examinations? **If no, attach full details.** _____ Yes No

c. The largest classified balance of any borrower identified in the most recent regulatory exam is: \$ _____

20. Indicate dates and by whom the most recent three regulatory exams were made (**excluding compliance and EDP exams**).

a. Date: _____ By whom: _____

b. Date: _____ By whom: _____

c. Date: _____ By whom: _____

21. Have all criticisms or comments noted in the most recent regulatory examination and audit (**conducted by either an internal or external auditor**) been reviewed and appropriate steps taken by the Board of Directors? **If no, attach full details.** Yes No

22. During the most recent three years, has any director or officer been alerted to any of the following conditions:

a. Concentrations 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, or their related interests? Yes No

d. Any violations of laws or regulations? Yes No
If yes to any of the above questions, attach full details.

23. Has a Cease and Desist Order, Prohibition Order, Removal of Official, Conservatorship, Involuntary Liquidation, Order to Establish Special Reserves or other regulatory control been issued by the NCUA or discussed or adopted by the Parent Company or its Subsidiaries within the most recent three years, or are there any now pending? **If yes, attach full details.** Yes No

24. During the past three years, has any claim, or notice of circumstances which could reasonably give rise to a claim, been reported to any previous D&O, EPL, Fiduciary, or Credit Union Professional Liability Insurer? **If yes, attach full details.** Yes No

25. Has there been during the past three years, or is there now pending, any written demand for monetary damages or non-monetary relief, civil or criminal proceeding, formal civil administrative or regulatory proceeding, or arbitration proceeding, against the Parent Company, its Subsidiaries, or any director, member of the board of managers, management committee member, officer, employee or any other person proposed for this insurance, including any such claim involving any:
- (i) anti-trust, copyright or patent law, or other intellectual property right or law;
 - (ii) federal or state regulation;
 - (iii) employment law;
 - (iv) employee benefit plan of the Parent Company or its Subsidiaries; or
 - (v) any service the Parent Company or its Subsidiaries offer.....
- Yes No

If yes, please provide the date, a brief description, and the damages sought or settlement paid, of such claim, and the current status if pending.

26. Does the Parent Company, its Subsidiaries, or any director, officer or any other person proposed for this insurance have any knowledge or information of any fact, circumstance or situation related to any coverage that is available under this policy which could reasonably give rise to a claim against them?
If yes, attach full details......
- Yes No

It is agreed that this policy shall not afford coverage with respect to any claim arising from any such fact, circumstance or situation to the extent the claim is against an Insured who knew of such fact, circumstance or situation prior to issuance of the proposed policy.

SECTION II - EMPLOYMENT PRACTICES COVERAGE

Complete only if Employment Practices Liability Coverage is desired.

- | | Current Year | Prior Year |
|--|------------------------------|-----------------------------|
| 27. a. Percentage of employees, including officers, involuntarily terminated:..... | _____ % | _____ % |
| b. Percentage of employees, including officers, voluntarily terminated: | _____ % | _____ % |
| 28. Are all employment practices guidelines, policies and procedures reviewed by an attorney with experience in employment law? <i>If no, attach full details.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. Does the Parent Company and its Subsidiaries have an employment handbook? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, does it contain a clear statement that the employment handbook is not an employee contract?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30. Are there written guidelines, policies or procedures that address Human Resource or Personnel Management in the following areas: <i>If no to any item listed below, attach full details.</i> | | |
| a. Hiring/Interviewing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Salary Administration..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Performance Appraisal/Review | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Discipline..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Discharge/Termination | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Accommodating the disabled | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Reporting, investigating and resolving employee complaints | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Discrimination and workplace harassment (including sexual harassment) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Please attach a copy of your discrimination and workplace harassment policy.</i> | | |
| 31. Have there been any employee layoffs, terminations, workforce reductions or retirements resulting from any type of organization restructuring or office, branch or facility closing within the past twelve months or are there any anticipated within the next twelve months? <i>If yes, attach full details, including the date, number of employees involved, job categories involved and the terms of severance.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION III - FIDUCIARY LIABILITY INSURING AGREEMENT

Complete only if Fiduciary Liability Coverage is desired.

Please provide the most recent audited financial statements for all plans except welfare benefit plans.

32. Will the funds of any Plan be used to purchase this insurance? *If yes, the fiduciary liability coverage will contain a recourse provision in accordance with the requirements of ERISA.* Yes No

33. Complete the following schedule for all Plans sponsored by the Parent Company or its Subsidiaries for which coverage is being requested (welfare benefit plans do not need to be scheduled).

If there is an attachment, check here.

Name of Plan	Type of Plan*	Date Plan Began	Investment Manager**	Most Recent Asset Value	# of Plan Participants
				\$	
				\$	
				\$	
				\$	
				\$	

*Defined Contribution Plan (examples are Profit Sharing Plans, and 401(k) Plans), or Defined Benefit Plans (an example is a pension plan).

**Organization or individuals responsible for investment decisions.

34. Has any Plan been terminated, partially terminated or restructured in the past three years or is the Parent Company contemplating within the next twelve months any Plan termination, partial termination or restructuring, including the conversion of a defined benefit pension plan to a “cash balance” type pension plan? *If yes, attach full details including an explanation as to whether or not benefits were or will be reduced as a result of any such transaction.* Yes No

35. Do all of the Plans conform to ERISA’s participation, vesting, benefit accrual and break in service, reporting disclosure, joint and survivor provisions, and, with respect to a defined benefit pension plan, ERISA’s minimum funding requirements and standards? *If no, attach full details.* Yes No

36. Have there been any prohibited transactions in violation of ERISA during the past three years? *If yes, attach full details.* Yes No

37. If coverage is being requested for a defined benefit plan(s), is such plan(s) under funded? *If yes, attach full details.* Not Applicable..... Yes No

38. Is requested coverage to include a 401(k) plan? *If yes:* Yes No

a. Does the Parent Company or its Subsidiaries match a percentage of each participant’s own contributions to the 401(k) plan? Yes No

SECTION IV - CREDIT UNION PROFESSIONAL LIABILITY INSURING AGREEMENT

Complete only if Lender Liability Coverage is desired.

39. Has the Parent Company or any Subsidiary purchased any loans or “books” of loans originated by other lenders during the past three years or are any such purchases contemplated within the next three years? *If yes, attach full details, including due diligence report that any loans purchased were not in violation of any laws relating to extensions of credit.* Yes No

40. Are loan officers required to transfer troubled loans to a workout officer or workout committee? Yes No
If no, attach full details.

41. Does the Parent Company and its Subsidiaries retain the services of outside legal counsel who specialize in handling workout loans? *If no, attach details on who provides legal expertise on workout loans.* Yes No

42. Has the Parent Company and its Subsidiaries established policies or procedures for responding to external inquiries regarding the creditworthiness of any individual or entity with which the Parent Company or its Subsidiaries has or has had a lending relationship? Yes No
If no, how are such inquiries handled? _____

43. Does the Parent Company and its Subsidiaries engage in any subprime banking practices (including loans to people turned away by mainstream financial institutions)? *If yes, attach full details.*..... Yes No

SECTION V - CREDIT UNION PROFESSIONAL LIABILITY INSURING AGREEMENT

Complete only if Professional Services Liability Coverage is desired.

44. Provide the following information regarding Professional Services.

If there is an attachment, check here.

If you indicate yes to any of the following services named in the table below, complete the applicable section of St. Paul Travelers SelectOneSM for Credit Union Supplemental Application for Professional Services Liability Coverage 58281.

Name of Professional Service	Indicate "Yes" if the Parent Co. or any Subsidiary provides the named Professional Service, "No" if it is not provided	How long has this Professional Service continuously been provided?	Annual Gross Fees or Revenue for Professional Services Current Year <i>(Do not include Interest Income)</i>	Annual Gross Fees or Revenue for Professional Services Prior Year <i>(Do not include Interest Income)</i>
DATA PROCESSING SERVICES: Including accounting data processing involving payroll, accounts payable & receivable, cost and general accounting and management reporting. Also include microfiche services and any fees generated by computer consulting (including information or telecommunications systems analysis), or the design, sale, installation, or service of computer software or hardware.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
INSURANCE SERVICES INVOLVING CREDIT LIFE, ACCIDENT AND DISABILITY INSURANCE: Services as an agent or broker, or other insurance services.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
INSURANCE SERVICES INVOLVING LIFE AND HEALTH INSURANCE: Services as an agent or broker, or other insurance services.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
INSURANCE SERVICES INVOLVING PROPERTY AND CASUALTY INSURANCE: Services as an agent or broker, or other insurance services.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
INVESTMENT ADVISER/FINANCIAL PLANNING SERVICES: Including services as a registered investment adviser or as a financial planner. Also include fees derived from economic forecasting services.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
MISCELLANEOUS CONSUMER BANKING SERVICES: Do not include fees or interest income on consumer loans. Include fees for services such as a notary public, sale of travelers checks cashier's checks or money orders, administration or sale of credit cards, wire transfer agent services.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
REAL ESTATE SERVICES: Including real estate agent or broker services, real estate appraisal services, property management services, title agent services.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
SECURITY BROKER/DEALER SERVICES: Including discount brokerage services, sale of mutual funds or annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No			
THIRD PARTY LOAN SERVICING:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

50. If a service is offered through a third party vendor, does such third party vendor agree under contract to indemnify or limit the liability of the Parent Company or its Subsidiaries for such services? **If no, attach full details.** Yes No
51. For all services offered, has the Parent Company or its Subsidiaries been required to comply with any judicial or administrative agreement, order, decree or judgment in the most recent three years or are any now pending? **If yes, attach full details.** Yes No
52. For all services offered, has any director or officer been alerted to any violations of laws or regulations? **If yes, attach full details.** Yes No

FRAUD WARNING [Not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah, or Vermont]: 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, commits a fraudulent insurance act, which is a crime, and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

COLORADO FRAUD WARNING: 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.

HAWAII FRAUD WARNING: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

OHIO FRAUD WARNING: 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.

OKLAHOMA FRAUD 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.

AUTHORIZATION

The undersigned authorized representatives of the Parent Company represent, after inquiry, that the statements and representations set forth herein are true and shall be deemed material to the acceptance of the risk or hazard assumed by the Insurer under the insurance provided by the policy. The policy is issued in reliance upon the truth thereof. The undersigned authorized representatives agree that if the information supplied in this application changes between the date of this application and the effective date of the policy, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance provided by the policy.

Signing of this application does not bind the Parent Company nor the Insurer to complete the insurance provided by the policy, but it is agreed that all written statements and attachments furnished to the Insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. It is agreed that the Insurer has relied upon this application and attachments, and the application and attachments shall be the basis of and shall be deemed attached to and incorporated into the policy should a policy be issued. The Insurer is hereby authorized to make any investigation and inquiry in connection with this application.

REQUIRED COMPLETION

Broker or Agent

Broker or Agent License No.	City	State	Date Submitted
Parent Company		Date	
Signature of Officer in Charge of Human Resources		Title	
Signature of Chairman or President		Title	