TRAVELERS

Travelers SelectOne℠ for Community Banks Application for Management, Employment Practices, Fiduciary, Trust and Bankers Professional Liability

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.

☐ **Management Liability Insuring Agreement**
Check one of the three following coverage options:
- ☐ D & O Individual Coverage *(Complete Section I)*
- ☐ D & O Individual Coverage *(Complete Section I)* and Company Indemnification Coverage
- ☐ D & O Individual Coverage; Company Indemnification Coverage; and Company Liability Coverage *(Complete Section I)*

☐ **Employment Practices Liability Insuring Agreement**
- ☐ Employment Practices Liability Coverage *(Complete Sections I and II)*

☐ **Fiduciary Liability Insuring Agreement** *(Complete Sections I and III)*

☐ **Trust Liability Insuring Agreement** *(Complete Sections I and IV)*

☐ **Bankers Professional Liability Insuring Agreement**
Check any of the two coverage options:
- ☐ Lender Liability Coverage *(Complete Sections I and V)*
- ☐ Professional Services Liability Coverage *(Complete Sections I and VI and the Supplemental Application for Professional Services, 58861)*

SECTION I - GENERAL INFORMATION

1. Name of Parent Company

2. Street Address

City	State	Zip Code	County

3. State of Incorporation (or Charter)

4. The Parent Company has continuously been in business since

5. Website Address

6. Provide ticker symbol and name of exchange if securities are publicly traded.

Symbol: _____ Name of Exchange: _____

7. ***Please provide the following information with your application. Such items as attached are made a part of this application by reference.***

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a. List of Directors and Officers of the Parent Company.

b. If total assets exceed $150 million, a copy of the most recent Annual Report or the audited financial statements for the most recent two years. 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 applicable, a copy of most recent Form 10-K, 10-Q, 8-K, and any other registration statement filed with the SEC within the most recent twelve months.

e. If applicable, a copy of most recent Notice to Stockholders and proxy statement.

8.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					
Bankers Professional Liability Insurance					
General Liability Insurance					
Financial Institution 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

9. 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.

10. Is requested coverage 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

11. If the Parent Company or any Subsidiary is a mutual association, are you currently considering a conversion of mutual ownership to stock ownership? ..... ☐ Yes ☐ No

12.a. Total number of voting security shareholders of the Parent Company: ..... _____

b. Indicate percentage of voting securities of the Parent Company owned directly or beneficially by directors, officers, members of the board of managers, or management committee members: ..... _____ %

c. Does any voting security shareholder own five percent or more of the voting securities of the Parent Company, either directly or beneficially? ***If yes, attach a list of such shareholders and percentage owned.*** ..... ☐ Yes ☐ No

13.a. Does the Parent Company or its Subsidiaries have under consideration any acquisition, tender offer, merger, consolidation, or divestiture; or purchase or sale of assets exceeding 10% of consolidated assets? ***If yes, attach full details.*** ..... ☐ Yes ☐ No

b. Have there been any offers (including tender offers) or negotiations to offer to purchase five percent or more of any class of voting stock of the Parent Company or any Subsidiary in the past three years or are any such offers expected in the future? ***If yes, attach full details.*** ..... ☐ Yes ☐ No

c. Has the Parent Company, or any Subsidiary, conducted a private or public offering of its securities within the past twelve months or is such an offering contemplated within the next twelve months? ..... ☐ Yes ☐ No

If yes, attach full details including the prospectus or private placement memorandum.

14. Does the Board of Directors regularly review:

a. Financial Statements of the Company .... ☐ Yes ☐ No

b. Loan and Investment Policy ..... ☐ Yes ☐ No

c. Investment Activities ..... ☐ Yes ☐ No

d. Litigation against the Company ..... ☐ Yes ☐ No

e. Significant Loans or Lines of Credit ..... ☐ Yes ☐ No

f. Loan Delinquencies ..... ☐ Yes ☐ No

g. Audit Policy ..... ☐ Yes ☐ No

h. Significant Overdrafts ..... ☐ Yes ☐ No

I. Insurance Coverage ..... ☐ 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

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16.a. Indicate by checking the box, which of the following professional services the Parent Company or its Subsidiaries offer:

- ☐ 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 Adviser/Financial Planning
- ☐ Investment Banking Services
- ☐ Property Management Services
- ☐ Real Estate Agent/Agency
- ☐ Real Estate Appraisal Services
- ☐ Sale of Mutual Funds or Annuities
- ☐ Sale of Traveler's Checks, Cashier's Checks or Money Orders
- ☐ Sale or Administration of Credit Cards
- ☐ Security Broker/Dealer Services
- ☐ Third Party Loan Servicing
- ☐ Travel Agent/Agency
- ☐ Wire Transfer Agent Services
- ☐ Other _____

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

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

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, officers, insiders or their affiliates 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, insiders, 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. Have any Cease and Desist Orders, Memorandums of Understanding, Letters of Agreement, Supervisory Agreements, Specific Action Directives, or other restrictive controls been issued, discussed, or adopted 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, Trust E&O, or Bankers Professional Liability Insurer? ***If yes, attach full details.*** ..... ☐ Yes ☐ No

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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 securities law or regulation;
   (iii) stockholder's suit, shareholder derivative suit, representative action or class action;
   (iv) employment law;
   (v) employee benefit plan of the Parent Company or its Subsidiaries; or
   (vi) 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? ***If no, attach full details.*** ..... ☐ Yes ☐ No

29. Does the Parent Company and its Subsidiaries have an employment handbook? ..... ☐ Yes ☐ No

    If yes, does it contain a clear statement that the employment handbook is not an employee contract? ..... ☐ Yes ☐ No

30. Are there written guidelines, policies or procedures that address Human Resource or Personnel Management in the following areas: ***If no to any item listed below, attach full details.***
    a. Hiring/Interviewing ..... ☐ Yes ☐ No
    b. Salary Administration ..... ☐ Yes ☐ No
    c. Performance Appraisal/Review ..... ☐ Yes ☐ No
    d. Discipline ..... ☐ Yes ☐ No
    e. Discharge/Termination ..... ☐ Yes ☐ No
    f. Accommodating the disabled ..... ☐ Yes ☐ No
    g. Reporting, investigating and resolving employee complaints ..... ☐ Yes ☐ No
    h. Discrimination and workplace harassment (including sexual harassment) ..... ☐ Yes ☐ No

    Please attach a copy of your discrimination and workplace harassment policy.

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? ***If yes, attach full details, including the date, number of employees involved, job categories involved and the terms of severance.*** ..... ☐ Yes ☐ 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. ☐

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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, 401(k) Plans and ESOPS), 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. What percentage of the total assets of the 401(k) plan are invested in stock of the Parent Company or its Subsidiaries? ..... _____ %
    b. Does the Parent Company or its Subsidiaries match a percentage of each participant's own contributions to the 401(k) plan? ..... ☐ Yes ☐ No
    If yes, is such a "match" in the stock of the Parent Company? ..... ☐ Yes ☐ No
    c. Are 401(k) plan participants allowed to invest their own contributions to the 401(k) plan in investments other than the stock of the Parent Company or its Subsidiaries? ..... ☐ Yes ☐ No

Answer questions 39 through 42 only if requested fiduciary liability coverage includes an Employee Stock Ownership Plan (ESOP). Attach copy of most recent audited financial statements of the ESOP.

39. Indicate how the ESOP acquired its employer securities:
    ☐ Sponsoring employer contributed stock to the ESOP
    ☐ Sponsoring employer sold stock to the ESOP
    ☐ Shareholders sold stock to the ESOP

40. Was an independent evaluation of the stock made prior to the contribution or sale of the stock to the ESOP? ..... ☐ Yes ☐ No
    If yes, provide the name of the organization that made the evaluation and attach a copy of its report.
    _____
    If no, how was the evaluation determined? _____

41. Provide the name of the ESOP's trustee(s): _____
    _____

42. When plan participants leave the company, is the cash distribution they receive in an amount determined by an independent valuation? ***If no, attach full details.*** ..... ☐ Yes ☐ No

SECTION IV - TRUST LIABILITY INSURING AGREEMENT
Complete only if Trust Liability Coverage is desired.

Please provide the most recent audit and statement of condition and income of the trust operations.

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43. Provide the Total Assets under the Trust Department's management for the most recent three years in each respective category below ***(include consolidated information for all institutions):***

Year	Custodial Accts*	Non-Discretionary Accounts**	Managed/Discretionary Accounts***	Total Assets Under Management

*Trust department has little to no investment discretion.
**Trust department has some investment discretion.
***Trust department has most to full investment discretion.

44. The Trust department has been continuously in operation since: ..... _____

45. Indicate average years of experience of senior trust officers ..... _____

46. Is there a written policy and procedures manual for the trust operations addressing the following areas: ***If no, to any item listed below, attach full details.***
    a. Approval of new accounts ..... ☐ Yes ☐ No
    b. Approval of closing accounts ..... ☐ Yes ☐ No
    c. Reviewing accounts on a periodic basis ..... ☐ Yes ☐ No
    d. Approval of the purchase and sale of trust assets ..... ☐ Yes ☐ No
    e. Legal documents for each trust account ..... ☐ Yes ☐ No
    f. Acceptable criteria for trust investments ..... ☐ Yes ☐ No
    g. Conflict of interest, including investments in financial instruments of the Parent Company or its Subsidiaries ..... ☐ Yes ☐ No
    h. Providing financial reports to clients ..... ☐ Yes ☐ No
    i. Formal checklist detailing which administerial trust duties are performed and when they are performed (payment of taxes, insurance, etc.) ..... ☐ Yes ☐ No

47. Does the trust operation act as plan administrator for any third party ERISA plan?
    If yes, attach full details. ..... ☐ Yes ☐ No

48. Does the trust operation act as a trustee under a bond indenture for any account? ***If yes, attach full details.*** ..... ☐ Yes ☐ No

SECTION V - BANKERS PROFESSIONAL LIABILITY INSURING AGREEMENT

Complete only if Lender Liability Coverage is desired.

49. 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

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

51. 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

52. 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? _____

53. 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

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SECTION VI - BANKERS PROFESSIONAL LIABILITY INSURING AGREEMENT

Complete only if Professional Services Liability Coverage is desired.

54. 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 the Travelers SelectOne℠ for Community Banks Supplemental Application for Professional Services Liability Coverage 58861.

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 *(Do not include Interest Income)*	Annual Gross Fees or Revenue for Professional Services Prior Year *(Do not include Interest Income)*
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.	☐ Yes ☐ No			
INSURANCE SERVICES INVOLVING CREDIT LIFE, ACCIDENT AND DISABILITY INSURANCE: Services as an agent or broker, or other insurance services.	☐ Yes ☐ No			
INSURANCE SERVICES INVOLVING LIFE AND HEALTH INSURANCE: Services as an agent or broker, or other insurance services.	☐ Yes ☐ No			
INSURANCE SERVICES INVOLVING PROPERTY AND CASUALTY INSURANCE: Services as an agent or broker, or other insurance services.	☐ Yes ☐ 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.	☐ Yes ☐ 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.	☐ Yes ☐ No			
REAL ESTATE SERVICES: Including real estate agent or broker services, real estate appraisal services, property management services, title agent services.	☐ Yes ☐ No			
SECURITY BROKER/DEALER SERVICES: Including discount brokerage services, sale of mutual funds or annuities.	☐ Yes ☐ No			
THIRD PARTY LOAN SERVICING:	☐ Yes ☐ No			

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55. If the Parent Company or its Subsidiaries provide any Professional Services not named in the table above please list them in the following table and complete the applicable section of the Travelers SelectOne℠ for Community Banks Supplemental Application for Professional Services Liability Coverage, 58861.

Examples of such other Professional Services include: (1) Accounting and Tax Preparation services, (2) Actuarial Services, (3) Travel Agent/Agency Services, etc. If there is an attachment, check here. ☐

Name and Description of other Professional Service	How long has this Professional Service continuously been provided?	Annual Gross Fees or Revenue for Professional Services Current Year *(Do not include Interest Income)*	Annual Gross Fees or Revenue for Professional Services Prior Year *(Do not include Interest Income)*

56.a. For all services offered, including any services offered through a Third Party Vendor, are such services rendered under a written contract? ***If no, attach details.*** ☐ Yes ☐ No

b. Are all such written contracts reviewed and approved by either internal or external counsel? ***If no, attach full details.*** ☐ Yes ☐ No

57. For all services offered, are there written policies and procedures that govern their performance and administration? ***If no, full attach details.*** ☐ Yes ☐ No

58. For all services offered, are any offered through a Subsidiary that is exclusively formed to provide such services? ***If yes, please provide the name of such Subsidiary and the service provided.*** ☐ Yes ☐ No

Name of Subsidiary	Service Provided

59. For all services offered, are any offered through Third Party vendor? ***If yes, provide the list of all such Third Party Vendors and the services provided:*** ☐ Yes ☐ No

Name of Third Party Vendor	Service Provided

60. 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

61. 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

62. 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

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ARKANSAS: 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.

COLORADO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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: 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: 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.

HAWAII: 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.

KENTUCKY: 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.

LOUISIANA: 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.

MAINE: 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.

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

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: 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.

NEW YORK (Non Auto): 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.

OHIO: 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.

OKLAHOMA: 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: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

PUERTO RICO FRAUD WARNING: 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.

TENNESSEE (Non WC): 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.

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, may be committing a crime, subjecting the person to criminal and civil penalties.

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WEST VIRGINIA: 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.

ALL OTHER STATES: 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 civil penalties. Not applicable in Nebraska.

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	

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TRAVELERS

CHECK KITE COVERAGE APPLICATION

Exact Name of Applicant(s)

Address of Main Office (No. Street, City, State, Zip)

Coverage to be effective at 12:01A.M. Standard Time where risk is located on the _____ Day of _____ _____

1. Does the Financial Institution provide initial and on-going training with regard to check kiting to teller and other personnel involved with handling a check transaction? ☐ Yes ☐ No

   If not, provide full details to alternative procedure: _____

2. Does the Financial Institution utilize daily computer generated reports to identify potential check kiting suspects? ☐ Yes ☐ No

   If not, provide full details to alternative procedure: _____

3. Does the Financial Institution review "return items" to identify potential check kiting suspects? ☐ Yes ☐ No

   If not, provide full details to alternative procedure: _____

4. List all check kite losses sustained during the last 12 months, whether or not reimbursed, for each occurrence which exceeds $5,000.00. As used herein, occurrence shall mean the total of loss or series of losses involving the fraudulent activity of one individual.

(If none, so state)

Discovery Date of Loss	Total Amount of Loss

In Support of this application for Bond the undersigned authorized officer of the Financial Institution represents that the statements made herein are true to the best of his/her knowledge, and it is understood the underwriter will rely upon such statements in making its decision to issue or renew any Bond for which this application is made.

ARKANSAS: 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.

COLORADO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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: 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.

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FLORIDA: 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.

HAWAII: 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.

KENTUCKY: 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.

LOUISIANA: 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.

MAINE: 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.

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

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: 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.

NEW YORK (Non Auto): 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.

OHIO: 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.

OKLAHOMA: 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: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

PUERTO RICO FRAUD WARNING: 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.

TENNESSEE (Non WC): 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.

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, may be committing a crime, subjecting the person to criminal and civil penalties.

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Officer ***(Signature & Title)***	**Date**
Name & Address of Broker/Agent	

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TRAVELERS

APPLICATION FOR
KIDNAP & RANSOM POLICY
TRAVELERS FORM FOR CORPORATIONS AND MUTUAL ASSOCIATIONS

Agency Name and Address	Licensed Individual Agent Soliciting Business *(Iowa agents only)*

Legal Name of Company (Insured) applying for coverage

Principal Address (Street, City, State, Zip)

Coverage to be effective at 12:01 A.M. Local Time at Insured's principal address on the _____ day of _____, _____

1. a. Kidnap & Ransom Extortion Limits requested: $ _____

   b. Deductible Amount Requested: ☐ $0 ☐ $5,000 ☐ $10,000 ☐ Other $ _____

   c. Coinsurance Amount Requested: ☐ 0% ☐ 5% ☐ 10% ☐ Other _____ %

   d. Has this or similar coverage ever been declined by an Insurer or Lloyds? ☐ Yes ☐ No

2. a. Date Insured was established: _____

   b. Standard Industrial Classification Code (4 digit number) representing primary business operations _____

3. a. Total No. of Directors, salaried officers and full time equivalent employees. _____

   b. For latest fiscal year end:

   Consolidated revenues ____/____/ $ _____

   Consolidated assets (deposits if financial institution) ____/____/ $ _____

4. List the location(s) outside of the U.S., Canada & Western Europe for all subsidiaries, divisions and branches.
   (Attach separate schedule if necessary.)

City and Country	Approximate # of Employees	Number Of Locations	Nature of Business or Products Provided	Type of Operation

5. Do any members of staff travel to countries outside the U.S., Canada & Western Europe? ☐ Yes ☐ No
   (*If so provide details. Include such information as city and country of destination, frequency, duration, business or pleasure and titles of personnel traveling. Attach separate schedule if necessary.)*

City & Country of Destination	Frequency	Duration	Business or Pleasure	Titles of Personnel

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6. List all incidents in the past that would have given rise to a claim under the coverage herein applied for: If none, please check. ☐

Date of Incident	Type of Incident	Total Amount of Loss	Amount Recovered From Insurance	Recovery Other Than Insurance	Location of Incident

Please provide the following information with your application as applicable:

1. Most recent annual report provided shareholders.
2. A copy of your current Kidnap & Ransom policy, inclusive of all endorsements.

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Signing of this application does not bind the Applicant or Underwriter to complete the insurance. In support of this application for coverage, the undersigned authorized officer of the Insured represents that the statements made herein are true to the best of his/her knowledge, and it is understood the Underwriter will rely upon such statements in making it's decision to issue or renew any Policy for which this application is made.

Any indication or offer to provide coverage may include terms and conditions that are materially different from expiring coverage. The Underwriter shall not be obligated to provide terms in accordance with requested coverage and terms and conditions may be offered which are materially different from those requested.

Exact Name of Insured	Authorized Officer (Signature & Title)	Date

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