

Application

FIPI

FL- 034 FIPI



NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

THE FOLLOWING INFORMATION MUST ACCOMPANY THIS APPLICATION AND WILL BE CONSIDERED PART OF THE APPLICATION:

- TWO MOST RECENT ANNUAL REPORTS
- LATEST QUARTERLY STATEMENT
- LATEST 10-K AND 10-Q REPORTS FILED WITH THE SEC
- ALL PROMOTIONAL MATERIALS DISTRIBUTED IN CONNECTION WITH THE APPLIED FOR PERILS
- SPECIMEN CONTRACTS APPLICABLE TO EACH APPLIED FOR PERIL

IF AN ORDER IS RECEIVED, THE APPLICATION IS ATTACHED TO AND BECOMES PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

1. NAME OF APPLICANT: _____ ADDRESS: _____

2. EFFECTIVE DATE DESIRED: _____

3. LIMITS OF LIABILITY DESIRED:

\$ _____ FOR DAMAGES ARISING FROM THE SAME, RELATED OR REPEATED WRONGFUL ACT(S)

\$ _____ AGGREGATE

4. RETENTION DESIRED: \$ _____ FOR DAMAGES ARISING FORM THE SAME, RELATED OR REPEATED WRONGFUL ACT(S).

5. A. REGULATORY AGENCY WITH EXAMINATION AUTHORITY: _____

B. DATE OF LAST EXAMINATION: _____

6. A. DOES THE APPLICANT HAVE DIRECTORS & OFFICERS INSURANCE IN FORCE? YES [] NO [] If so, indicate the following:

NAME OF CARRIER: _____

LIMIT OF LIABILITY: _____

EXPIRATION DATE: _____

B. DOES THE APPLICANT HAVE A BANKER'S BLANKET BOND IN FORCE? YES [] NO [] If so, indicate the following:

NAME OF CARRIER: _____

LIMIT OF LIABILITY: _____

EXPIRATION DATE: _____

7. WITH RESPECT TO THE INDIVIDUAL PROFESSIONAL SERVICES FOR WHICH YOU ARE APPLYING FOR COVERAGE, PLEASE INDICATE:

A. HAS SIMILAR COVERAGE BEEN DECLINED, CANCELLED OR RENEWAL REFUSED IN THE LAST FIVE YEARS? YES [] NO []

If so, attach full particulars.

B. IS SIMILAR COVERAGE CURRENTLY IN FORCE? YES [] NO []

If so, attach full particulars, including type of policy, name of carrier(s), expiration date(s), length of time in force, and current premium(s).

C. HAVE ANY CLAIMS BEEN MADE AGAINST ANY PROPOSED INSURED DURING THE PAST FIVE YEARS? YES [] NO []

If so, attach full particulars and current status.

8. DOES ANY PROSPECTIVE INSURED HAVE KNOWLEDGE OR INFORMATION OF ANY ACT, ERROR OR OMISSION WHICH MIGHT REASONABLY

BE EXPECTED TO GIVE RISE TO A CLAIM UNDER THE PROPOSED POLICY? YES [] NO []

IT IS AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM OR ACTION ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED COVERAGE.

THE UNDERSIGNED AUTHORIZED OFFICER OF THIS APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (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.

SIGNING OF THE APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

BROKER: _____ APPLICANTS SIGNATURE: _____

ADDRESS: _____

TITLE: _____ DATE: _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT THE LIMIT OF LIABILITY CONTAINED IN THE POLICY APPLIED FOR SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COSTS OF LEGAL DEFENSE AND, IN SUCH EVENT, THE INSURER SHALL NOT BE LIABLE FOR THE COSTS OF LEGAL DEFENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT IT EXCEEDS THE LIMIT OF LIABILITY OF THE POLICY.

THE APPLICANT HEREBY FURTHER ACKNOWLEDGES THAT HE/SHE IS AWARE THAT THE RETENTION AMOUNT SHALL BE APPLIED TO LEGAL DEFENSE COSTS.

SIGNED: _____

DATE: _____

TITLE: _____

AIG Insurance Company-Puerto Rico
250 Muñoz Rivera Ave., Suite 500, Hato Rey, PR 00918,
PO Box 10181, San Juan, Puerto Rico 00908-1181
TEL: 787.767.6400
www.aig.com.pr

WHEN RETURNING THIS APPLICATION, PLEASE BE SURE TO HAVE THE FOLLOWING COMPLETED:

1. A FULLY COMPLETED MAIN APPLICATION.
 - (A) ATTACH ALL APPLICABLE DOCUMENTS AND INFORMATION INDICATED ON THE FIRST PAGE OF THE MAIN APPLICATION.
2. A FULLY COMPLETED PROFESSIONAL SERVICE MENU AT THE END OF THE MAIN APPLICATION DESIGNATING THOSE PROFESSIONAL SERVICES FOR WHICH COVERAGE IS BEING APPLIED FOR.
3. FULLY COMPLETED SUPPLEMENTAL APPLICATIONS FOR THOSE SERVICES FOR WHICH COVERAGE WAS APPLIED FOR ON THE MAIN MENU.
 - (A) ATTACH ALL THE DOCUMENTS REQUESTED BY THE APPLICABLE SUPPLEMENTAL APPLICATIONS ALONG WITH ALL THE DOCUMENTS AND INFORMATION INDICATED ON THE FIRST PAGE OF THE MAIN MENU WITH REFERENCE TO THE PROFESSIONAL SERVICES FOR WHICH COVERAGE IS APPLIED FOR.
 - (B) IF SUPPLEMENTAL APPLICATION #1 (TRUST DEPARTMENT) IS COMPLETED, FULLY COMPLETE QUESTION 18 OF THAT SUPPLEMENTAL APPLICATION DESIGNATING WHICH OF PROFESSIONAL SERVICES (#2- #10) LISTED IN QUESTION 18 ARE RENDERED IN YOUR TRUST DEPARTMENT.
 - (C) FULLY COMPLETE SUPPLEMENTAL APPLICATIONS FOR THOSE PROFESSIONAL SERVICES WHICH WERE DESIGNATED "YES" IN QUESTION 18 OF SUPPLEMENTAL APPLICATION #1, WHETHER OR NOT THESE SERVICES WERE ALSO DESIGNATED ON THE PROFESSIONAL SERVICE MAIN MENU.

PROFESSIONAL SERVICES REQUESTED

THE APPLICANT HEREBY REQUESTS COVERAGE FOR THE FOLLOWING PROFESSIONAL SERVICES. TO REQUEST COVERAGE FOR A PROFESSIONAL SERVICE PLEASE PLACE AN "X" IN THE BOX NEXT TO THE PROFESSIONAL SERVICE REQUESTED.

- ☐ (1) THE ADMINISTRATION OF TRUSTS, ESTATES OR GUARDIANSHIPS WITHIN THE COMPANY'S TRUST DEPARTMENT, INCLUDING THE RENDERING OF INVESTMENT ADVICE AND VALUATION SERVICES IN CONNECTION THEREWITH;
(Complete supplemental application 1 and complete supplemental applications 2-10, if necessary, as instructed in supplemental application 1)
- ☐ (2) THE ADMINISTRATION OF INDIVIDUAL RETIREMENT ACCOUNTS OR KEOGH RETIREMENT ACCOUNTS;
(Complete supplemental application 2)
- ☐ (3) ACTING AS A RECEIVER, TRUSTEE IN BANKRUPTCY OR ASSIGNEE FOR THE BENEFIT OF CREDITORS;
(complete supplemental application 3)
- ☐ (4) THE ADMINISTRATION OF A PROGRAM FOR THE LENDING OF SECURITIES ADMINISTERED FOR TRUST AND CUSTODIAL CUSTOMERS WHERE THERE IS A SPECIFIC WRITTEN INSTRUMENT AUTHORIZING THE APPLICANT TO SO ACT ON BEHALF OF SUCH CUSTOMER;
(Complete supplemental application 4)
- ☐ (5) ACTING AS A TRUSTEE UNDER BOND INDENTURE;
(Complete supplemental application 5)
- ☐ (6) ACTING AS A DIVIDEND DISBURSING AGENT, EXCHANGE AGENT, REDEMPTION OR SUBSCRIPTION AGENT, OR WARRANT OR SCRIP AGENT;
(Complete supplemental application 6)
- ☐ (7) ACTING AS A FISCAL OR PAYING AGENT, OR TAX WITHHOLDING AGENT;
(complete supplemental application 7)
- ☐ (8) ACTING AS A CUSTODIAN OR DEPOSITORY, OR A MANAGING AGENT FOR SECURITIES OR MONEY;
(complete supplemental application 8)
- ☐ (9) ACTING AS AN ESCROW AGENT;
(complete supplemental application 9)
- ☐ (10) ACTING AS A REGISTRAR, TRANSFER AGENT OR CLEARING AGENT;
(Complete supplemental application 10)
- ☐ (11) ACTING AS A FIDUCIARY AS DEFINED BY THE EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA) OR 1974;
(Complete supplemental application 11)
- ☐ (12) ACTING AS A TAX PLANNER AND/OR TAX PREPARER TO TRUSTS, ESTATES AND INDIVIDUALS;
(Complete supplemental application 12)
- ☐ (13) THE SERVICING OF ANY LOAN, LEASE OR EXTENSION OF CREDIT INCLUDING BUT NOT LIMITED TO: RECORD KEEPING, BILLING AND DISBURSEMENTS OF PRINCIPAL AND INTEREST, INSURANCE PREMIUM AND TAXES, DETERMINATION OF THE DEPRECIATION AMOUNTS FOR LEASED PROPERTY (BUT NOT FOR PROJECTIONS OF OR AN APPRAISAL FOR RESIDUAL VALUE OF LEASED PROPERTY); LOANS SHALL INCLUDE ALL TYPES OF CONSUMER BANKING AND MORTGAGE BANKING (INCLUDING MORTGAGE BACKED

SECURITIES OR OTHER SECURITIES REPRESENTING POOLED ASSETS) EXCEPT FINANCING FOR LEVERAGED BUY-OUTS;
(Complete supplemental application 13)

[] (14) ACTING AS A SECURITIES BROKER/DEALER FOR THE ACCOUNT OF OTHERS;
(Complete supplemental application 14)

[] (15) SALE OF MUNICIPAL GENERAL OBLIGATION BONDS WITH A RATING OF A+ OR BETTER BY STANDARD & POOR'S OR A1 OR BETTER
BY MOODY'S INVESTORS SERVICES AT THE TIME OF ISSUANCE;
(Complete supplemental application 15)

[] (16) ACTING AS AN INVESTMENT ADVISOR AND/OR FINANCIAL ADVISOR AND/OR ECONOMIC ADVISOR AND/OR INVESTMENT
MANAGER (UNLESS ACTING AS AN INVESTMENT ADVISOR TO INVESTMENT COMPANIES, AS EACH IS DEFINED IN THE
INVESTMENT COMPANY ACT OF 1940) PURSUANT TO A WRITTEN CONTRACT DEFINING THE SCOPE OF SUCH ADVICE
AND/OR SERVICES AND THE COMPENSATION TO BE PAID THEREOF, PROVIDED THAT THESE SERVICES ARE NOT RENDERED
IN THE INSURED'S TRUST DEPARTMENT;
(Complete supplemental application 16)

[] (17) ACTING AS A CONSUMER FINANCIAL PLANNER TO INDIVIDUALS;
(Complete supplemental application 16)

[] (18) ACTING AS A WIRE TRANSFER AGENT;
(Complete supplemental application 18)

[] (19) ACCOUNTING, NET ASSET VALUATION OR TRANSFER SERVICES FOR MUTUAL FUNDS THAT ARE OPEN-END INVESTMENT COMPANIES
AS REGISTERED WITH THE SECURITIES AND EXCHANGE COMMISSION UNDER THE INVESTMENT COMPANY ACT OF 1940;
(Complete supplemental application 19)

[] (20) ACTING AS A NOTARY PUBLIC;
(Complete supplemental application 20)

[] (21) ACTING AS A REAL ESTATE BROKER OR AGENT OR REAL ESTATE APPRAISER AND/OR MANAGING REAL OR PERSONAL PROPERTY FOR OTHERS
(OTHER THAN REAL ESTATE INVESTMENT TRUST MANAGEMENT);
(Complete supplemental application 21)

[] (22) ACTING AS AN INSURANCE AGENT OR BROKER, OR OTHERWISE RENDERING ADVICE OR RECOMMENDATION REGARDING INSURANCE;
(Complete supplemental application 22)

[] (23) SALE OF TRAVELERS CHECKS, CERTIFIED CHECKS OR MONEY ORDERS;
(Complete supplemental application 23)

[] (24) THE ADMINISTRATION OR SALE OF CREDIT CARDS OR CREDIT CARD SERVICES;
(Complete supplemental application 24)

[] (25) THE ADMINISTRATION OR LEASE OF LOCKBOXES;
(Complete supplemental application 25)

[] (26) ELECTRONIC DATA PROCESSING SERVICES, DATA COLLECTION SERVICES OR ACTING AS A CUSTODIAN FOR DATABASE OR SENSITIVE
INFORMATION STORED ELECTRONICALLY;
(Complete supplemental application 26)

[] (27) SPECIFIED OTHER PROFESSIONAL SERVICE NOT LISTED ABOVE
(Complete supplemental application 27 and detail professional service)

SUPPLEMENTAL APPLICATION #1

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #1

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

PLEASE ATTACH THE FOLLOWING:

- LATEST INDEPENDENT AUDIT REPORT OF TRUST FUNCTION
- LATEST ANNUAL REPORT
- LATEST ANNUAL REPORT FOR EACH COMMON TRUST FUND
- LATEST INTERNAL AUDIT REPORT OF TRUST DEPARTMENT & ANY WRITTEN RESPONSE

1. A. YEAR TRUST DEPARTMENT ESTABLISHED: _____

B. NUMBER OF BRANCHES WITH TRUST FUNCTIONS: _____

C. STAFFING:

I. AVERAGE LENGTH OF TRUST EXPERIENCE FOR ALL TRUST OFFICERS: _____

II. HAVE THERE BEEN ANY CHANGES IN SENIOR MANAGEMENT OF TRUST FUNCTIONS WITHIN THE PAST 3 YEARS? YES [] NO []

If yes, please explain: _____

2. WITH RESPECT TO ALL ACCOUNTS IN THE TRUST DEPARTMENT, PLEASE PROVIDE THE FOLLOWING (INCLUDE CONSOLIDATED INFORMATION FOR THE APPLICANT AND ALL SUBSIDIARIES):

	NO. OF ACCT'S	MKT. VALUE ASSETS MANAGED (IN 00'S)	DISCRETIONARY	ADVISORY	CUSTODIAL
INDIVIDUAL ACCOUNTS, TRUSTS, ESTATES (EXCLUDING ERISA)	_____	\$ _____	% _____	% _____	% _____
ERISA ACCOUNTS:					
• FIDUCIARY PLANS	_____	\$ _____	% _____	% _____	% _____
• NON-ERISA PENSION PLANS	_____	\$ _____	% _____	% _____	% _____
• OTHER INSTITUTIONAL	_____	\$ _____	% _____	% _____	% _____
• OTHER	_____	\$ _____	% _____	% _____	% _____
CORPORATE TRUST:	_____	\$ _____	% _____	% _____	% _____
• TRUSTEE UNDER BOND INDENTURE	_____	\$ _____	% _____	% _____	% _____
• FISCAL AGENT	_____	\$ _____	% _____	% _____	% _____
• ESCROW AGENT	_____	\$ _____	% _____	% _____	% _____
• TRANSFER AGENT	_____	\$ _____	% _____	% _____	% _____
• REGISTER	_____	\$ _____	% _____	% _____	% _____
• DIVIDEND DISBURSING	_____	\$ _____	% _____	% _____	% _____
• ALL OTHER	_____	\$ _____	% _____	% _____	% _____
MUTUAL FUNDS:	_____	\$ _____	% _____	% _____	% _____
• CUSTODIAN	_____	\$ _____	% _____	% _____	% _____
• TRANSFER AGENT	_____	\$ _____	% _____	% _____	% _____
• REGISTER	_____	\$ _____	% _____	% _____	% _____
• DIVIDEND DISBURSING	_____	\$ _____	% _____	% _____	% _____
• ALL OTHER	_____	\$ _____	% _____	% _____	% _____
TOTAL	_____	_____	_____	_____	_____

3. TRUST ACCOUNTS:

- A. ASSET VALUE OF LARGEST MANAGED/DISCRETIONARY ACCOUNT: \$ _____
- B. ASSET VALUE OF LARGEST NON-DISCRETIONARY ACCOUNT: \$ _____
- C. ASSET VALUE OF LARGEST CUSTODIAL ACCOUNT \$ _____
- D. AVERAGE NUMBER OF ACCOUNTS HANDLED PER OFFICER _____

4. IS THIS SERVICE RENDERED UNDER A CONTRACT? YES [] NO []
- B. IF 5A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL? YES [] NO []
- C. IF 5A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY? YES [] NO []
- D. IF 5A., B. OR C. ARE "NO", PLEASE DESCRIBE BY ADDENDUM HOW THE APPLICANT PROTECTS ITSELF FROM LIABILITIES OF ITS PREDECESSORS, IF ANY. _____

5. DOES THE TRUST DEPARTMENT PERFORM MANAGEMENT OR ADVISORY FUNCTIONS WITH RESPECT TO:

		IF YES, % OF TRUST DEPARTMENT ASSETS	% OF TRUST REVENUE	NO. OF CLIENTS
A. CLOSELY-HELD BUSINESSES	YES [] NO []	\$ _____	% _____	_____
B. FARM AND RANCHES	YES [] NO []	\$ _____	% _____	_____
C. OTHER REAL ESTATE	YES [] NO []	\$ _____	% _____	_____
D. OIL, GAS OR OTHER MINERAL ASSETS OR LEASES	YES [] NO []	\$ _____	% _____	_____
E. TIMBER ASSETS	YES [] NO []	\$ _____	% _____	_____
F. OTHER	YES [] NO []	\$ _____	% _____	_____

6. DOES THE INVESTMENT DIVISION OF THE TRUST DEPARTMENT RECOMMEND OR PROVIDE ANY OF THE FOLLOWING SPECIALTY INVESTMENT:

	IF YES, % OF TRUST DEPARTMENT ASSETS
A. BELOW INVESTMENT GRADE BOND	YES [] NO [] \$ _____
B. CATTLE TRUSTS OR VENTURES	YES [] NO [] \$ _____
C. COMMODITIES OR COMMODITY FUTURES	YES [] NO [] \$ _____
D. OTHER FUTURES	YES [] NO [] \$ _____
E. PRECIOUS METALS	YES [] NO [] \$ _____
F. MORTGAGES, MORTGAGE POOLS, OR OTHER MORTGAGE BACKED SECURITIES	YES [] NO [] \$ _____
G. OIL/GAS LEASES OR INVESTMENTS	YES [] NO [] \$ _____
H. OPTION CONTRACTS	YES [] NO [] \$ _____
I. GENERAL OR LIMITED PARTNERSHIPS	YES [] NO [] \$ _____
J. REAL ESTATE	YES [] NO [] \$ _____
K. FOREIGN SECURITIES LISTED ON NORTH AMERICAN EXCHANGE	YES [] NO [] \$ _____
L. SECURITIES (NON-DOMESTIC STOCK EXCHANGE)	YES [] NO [] \$ _____
M. OVER THE COUNTER SECURITIES	YES [] NO [] \$ _____
N. RESTRICTED SECURITIES	YES [] NO [] \$ _____

7. A. DOES THE TRUST DEPARTMENT HAVE AN APPROVED LIST OF SECURITIES WHICH CAN BE RECOMMENDED TO ITS CLIENTS? YES [] NO []

B. HOW ARE EXCEPTIONS TO THE LIST HANDLED? _____

8. DOES THE TRUST DEPARTMENT INVEST ASSETS IN ANY CD'S PROVIDED BY THE APPLICANT OR IN THE STOCK OF THE APPLICANT? YES [] NO []

IF YES, ARE THESE INVESTMENTS APPROVED IN A TRUST AGREEMENT? YES [] NO []

9. A. DOES THE TRUST DEPARTMENT ENTER INTO ANY REPURCHASE/REVERSE REPURCHASE AGREEMENTS AND/OR SIMILAR TYPE TRANSACTIONS WITH BROKER-DEALERS IN SECURITIES THAT INVOLVE THE ASSETS OF ANY TRUST ACCOUNT? YES ☐ NO ☐
- B. IF YES, PLEASE ATTACH A LIST OF DOLLAR AMOUNTS OUTSTANDING AND THE NAME(S) OF THE BROKER-DEALER.
- C. PLEASE DESCRIBE THE PROCEDURES USED TO ACCOUNT FOR COLLATERAL IN THESE TYPES OF TRANSACTIONS:
-

10. DOES THE TRUST COMMITTEE:

- A. APPROVE NEW ACCOUNTS? YES ☐ NO ☐
- B. APPROVE CLOSING OF ACCOUNTS? YES ☐ NO ☐
- C. ANNUALLY REVIEW ADMINISTRATION OF ACCOUNTS? YES ☐ NO ☐
- D. ANNUALLY REVIEW DISCRETIONARY DISTRIBUTIONS? YES ☐ NO ☐
- E. ANNUALLY REVIEW THE INVESTMENTS IN EACH ACCOUNT? YES ☐ NO ☐

If no, please describe by addendum, procedures applying to the above situations. _____

11. ARE DIRECTORS, OFFICERS, AND EMPLOYEES PROHIBITED FROM PURCHASING TRUST ASSETS? YES ☐ NO ☐
-

12. DOES THE APPLICANT HAVE A SPECIAL UNIT WHICH ADMINISTERS ACCOUNTS WHICH ARE SUBJECT TO ERISA? YES ☐ NO ☐

If no, describe the procedures for insuring that such accounts are administered in compliance with ERISA.

13. A. STATE THE FREQUENCY AND DATES OF THE MOST RECENT INTERNAL, EXTERNAL, AND REGULATORY AUDITS OF TRUST DEPARTMENT AND COMMON TRUST FUNDS.

	TRUST DEPARTMENT LATEST		COMMON TRUST FUNDS	
	FREQUENCY	AUDIT	FREQUENCY	AUDIT
INTERNAL	_____	_____	_____	_____
EXTERNAL	_____	_____	_____	_____
REGULATORY	_____	_____	_____	_____

14. HAS THE APPLICANT DIVESTED OR DISCONTINUED ANY TRUST FUNCTIONS WITHIN THE PAST 24 MONTHS OR DOES IT INTEND TO DO SO WITHIN THE NEXT 12 MONTHS? YES ☐ NO ☐

If yes, please describe by addendum.

15. DOES THE APPLICANT CONTROL 5% OR MORE OF THE STOCK OF ANY CORPORATION VIA ITS TRUST FUNCTIONS? YES ☐ NO ☐

If yes, please attach a list thereof and description of the means by which control was obtained, i.e. through individual purchase or in a single block through an existing trust or estate, additionally list any employees appointed by the Applicant to serve as director, or officer in the management of, or the actual operation of, the corporation.

16. A. PLEASE DESCRIBE OR NAME THE TRUST ACCOUNTING SYSTEM AND INSTALLATION DATE:
-

- B. ARE THERE PLANS TO CHANGE THE TRUST ACCOUNTING SYSTEM IN THE NEXT 12 MONTHS? YES ☐ NO ☐

17. PLEASE INDICATE WHETHER THE APPLICANT PERFORMS THE FOLLOWING PROFESSIONAL SERVICES IN ITS TRUST DEPARTMENT.

IF SO, COMPLETE THE SUPPLEMENTAL APPLICATION DESIGNATED FOR EACH PROFESSIONAL SERVICE PERFORMED.

- THE ADMINISTRATION OF INDIVIDUAL RETIREMENT ACCOUNTS OR KEOGH RETIREMENT ACCOUNTS; YES ☐ NO ☐

(Complete supplement application 2)

- ACTING AS A RECEIVER, TRUSTEE IN BANKRUPTCY OR ASSIGNEE FOR THE BENEFIT OF CREDITORS; YES ☐ NO ☐

(Complete supplemental application 3)

THE ADMINISTRATION OF A PROGRAM FOR THE LENDING OF SECURITIES ADMINISTERED FOR TRUST AND CUSTODIAL CUSTOMERS WHERE THERE IS A SPECIFIC WRITTEN INSTRUMENT AUTHORIZING THE APPLICANT TO SO ACT ON BEHALF OF SUCH CUSTOMER;

(Complete supplemental application 4)

- ACTING AS A TRUSTEE UNDER BOND INDENTURE; YES ☐ NO ☐

(Complete supplemental application 5)

ACTING AS A DIVIDEND DISBURSING AGENT, EXCHANGE AGENT, REDEMPTION OR SUBSCRIPTION AGENT, OR WARRANT OR SCRIP AGENT;

(Complete supplemental application 6)

- ACTING AS A FISCAL OR PAYING AGENT, OR TAX WITHHOLDING AGENT; YES ☐ NO ☐

(Complete supplemental application 7))

- ACTING AS A CUSTODIAN OR DEPOSITORY, OR A MANAGING AGENT FOR SECURITIES OR MONEY; YES ☐ NO ☐

(Complete supplemental application 8)

- ACTING AS AN ESCROW AGENT; YES ☐ NO ☐

(Complete supplemental application 9)

- ACTING AS A REGISTRAR, TRANSFER AGENT OR CLEARING AGENT; YES ☐ NO ☐

(Complete supplemental application 10)

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #2 OR IF REQUIRED BY SUPPLEMENTAL APPLICATION #1:

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

1. INDICATE:

	TOTAL ASSET VALUE ADMINISTERED IN TRUST DEPT.	TOTAL ASSET VALUE ADMINISTERED OUTSIDE TRUST DEPT.	NUMBER OF ACCOUNTS	VALUE OF LARGEST ACCOUNT
IRA	_____	_____	_____	_____
KEOGH	_____	_____	_____	_____

2. PLEASE INDICATE THE INVESTMENT VEHICLES OTHER THAN ANY CD'S OR MONEY MARKET FUNDS IN WHICH THE ASSETS OF IRA AND KEOGH ACCOUNTS MAY BE INVESTED BY THE APPLICANT:

TRUST DEPT. _____

OTHER THAN TRUST DEPT. _____

3. CAN FUNDS FORM THESE ACCOUNTS BE INVESTED IN INVESTMENT PRODUCTS NOT MANAGED BY THE APPLICANT? YES [] NO []
If yes, indicate the types of investments and organizations which manages them.

4. A. IS THIS SERVICE RENDERED UNDER A CONTRACT? YES [] NO []

B. IF 4A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL? YES [] NO []

C. IF 4A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY ? YES [] NO []

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #3 OR IF REQUIRED BY SUPPLEMENTAL APPLICATION #1:

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

1. LIST THE NUMBER OF BANKRUPTCIES THIS SERVICE IS PERFORMED FOR ANNUALLY: WITHIN THE APPLICANT'S TRUST DEPARTMENT.

OUTSIDE THE APPLICANT'S TRUST DEPARTMENT

2. IS THE OFFICER AUTHORIZED TO CARRY OUT THESE DUTIES AN ATTORNEY? YES [] NO []

If no, describe training/experience.

3. ARE SEPARATE RECORDS AND ACCOUNTS MAINTAINED FOR EACH CREDITOR IN EACH BANKRUPTCY? YES [] NO []

If no, indicate the policies and procedures which are followed.

4. DO THE APPLICANT'S POLICIES AND PROCEDURES REQUIRE THAT COMMUNICATIONS WITH CREDITORS BE DOCUMENTED IN WRITING REGARDING SUCH ITEM AS DISBURSEMENT OF FUNDS, SETTLEMENTS, PENDING SUITS? YES [] NO []

5. WHAT IS THE LARGEST ASSET SIZE BANKRUPTCY THIS SERVICE HAS BEEN PROVIDED FOR? _____

6. A. IS THIS SERVICE RENDERED UNDER A CONTRACT? YES [] NO []

B. IF 6A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL? YES [] NO []

C. IF 6A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY? YES [] NO []

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #4 OR IF REQUIRED BY SUPPLEMENTAL APPLICATION #1:

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

	WITHIN TRUST DEPARTMENT	OUTSIDE TRUST DEPARTMENT
1. WHAT IS THE AVERAGE VALUE OF SECURITIES LENDING ON A GIVEN DAY?	_____	_____
2. HOW MANY BROKER/DEALERS OR OTHER INSTITUTIONS PARTICIPATE IN THE PROGRAM?	_____	_____
3. LIST THE AVERAGE AMOUNT LENT ON A NORMAL DAY	_____	_____
4. LIST THE LARGEST AMOUNT LENT AT ANY ONE TIME IN THE PAST YEAR?	_____	_____
5. ATTACH A DESCRIPTION OF THE APPLICANTS PROCEDURES FOR QUALIFYING BROKER/DEALERS OR INSTITUTIONS TO PARTICIPATE IN THE PROGRAM AND THE MINIMUM STANDARDS FOR PARTICIPATION. INCLUDE A LIST OF APPROVED BROKER/DEALERS OR OTHER INSTITUTIONS.		
6. DESCRIBE THE MINIMUM SIZE AND TYPE OF ACCOUNTS WHOSE SECURITIES ARE SELECTED FOR PARTICIPATION IN THE PROGRAM.		
7. WHAT IS THE MINIMUM AMOUNT OF COLLATERAL REQUIRED WHEN MAKING A LOAN?		
8. A. IS THE SERVICE RENDERED UNDER A CONTRACT?		YES [] NO []
B. IF 8A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL?		YES [] NO []
C. IF 8A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY?		YES [] NO []
9. ATTACH A COPY OF BROKER/DEALER AND CLIENT AGREEMENTS.		

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #5 OR IF REQUIRED BY SUPPLEMENTAL APPLICATION #1:

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

1. INDICATE:

	NUMBER OF ISSUES	TOTAL VOLUME	TOTAL VOLUME	VOLUME OF LARGEST
TYPE		WITHIN TRUST	OUTSIDE OF TRUST	ISSUE
		DEPARTMENT	DEPARTMENT	
CORPORATE	_____	_____	_____	_____
GOVERNMENT:	_____	_____	_____	_____
MUNICIPAL	_____	_____	_____	_____
SPECIAL AUTHORITY	_____	_____	_____	_____
STATE	_____	_____	_____	_____
INDUSTRIAL REVENUE	_____	_____	_____	_____
BONDS	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

2. ARE ANY ISSUES IN DEFAULT?	YES [] NO []
If yes, provide by addendum, information regarding the type, number of issues, and amount of debt outstanding in defaulted issues.	
3. A. IS THIS SERVICE RENDERED UNDER A CONTRACT?	YES [] NO []
B. IF 3A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL PRIOR TO ACCEPTANCE OF THE APPOINTMENT?	YES [] NO []
C. IF 3A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY?	YES [] NO []
D. IF 3A, B OR C ARE "NO", PLEASE DESCRIBE BY ADDENDUM HOW THE APPLICANT PROTECTS ITSELF FROM LIABILITY?	YES [] NO []
4. DESCRIBE THE POLICIES AND PROCEDURES WHICH WOULD BE FOLLOWED IN HANDLING THREATENED OR ACTUAL DEFAULT.	

5. DOES THE APPLICANT OBTAIN AN INDEPENDENT VALUATION OF ASSETS PRIOR TO RELEASE OF COLLATERAL?	YES [] NO []
If no, please describe the policies and procedures followed.	

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #6, #7, #8, #9 OR #10 OR IF REQUIRED BY SUPPLEMENTAL APPLICATION #1:

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

DOES THE APPLICANT ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES BY ACTING AS A(N):

PROFESSIONAL SERVICES 6 THROUGH 10

	YES WITHIN TRUST DEPARTMENT	YES OUTSIDE TRUST DEPARTMENT	NO
A. DIVIDEND DISBURSING AGENT, EXCHANGE AGENT, REDEMPTION OR SUBSCRIPTION AGENT, OR WARRANT OR SCRIP AGENT.			[]
B. FISCAL OR PAYING AGENT, OR TAX WITHHOLDING AGENT.			[]
C. CUSTODIAN OR DEPOSITORY OR A MANAGING AGENT FOR SECURITIES OR MONEY.			[]
D. ESCROW AGENT.			[]
E. REGISTRAR, TRANSFER AGENT, OR CLEANING AGENT.			[]

ANSWER THE FOLLOWING QUESTIONS FOR EACH OF THE ACTIVITIES DESCRIBED ABOVE. INDICATE A "YES" RESPONSE BY PLACING AN "X" IN THE APPROPRIATE COLUMN, (DESIGNATED A, B, C, D, E). IF THE RESPONSE IS "NO", LEAVE BLANK.

	NO	NO	NO	NO	NO
1. ARE DOCUMENTS DESIGNATING THE APPLICANT AS AGENT FOR THIS FUNCTION REVIEWED BY APPLICANT COUNSEL PRIOR TO ACCEPTANCE OF THE APPOINTMENT? IF NO, FOR EACH ACTIVITY WITHOUT THESE WRITTEN GUIDELINES, ATTACH BY EXHIBIT THE POLICIES AND PROCEDURES FOLLOWED.	[]	[]	[]	[]	[]
2. DOES THE APPLICANT HAVE WRITTEN POLICIES AND PROCEDURES GOVERNING THE ADMINISTRATION OF THESE FUNCTIONS INCLUDING: RECONCILIATION OF ACCOUNTS HANDLING UNCLAIMED FUNDS DETERMINING WHETHER THE APPLICANT HAS RECEIVED VALID AUTHORITY TO DISBURSE	[] [] []	[] [] []	[] [] []	[] [] []	[] [] []
3. IN THE PAST 12 MONTHS, HAS THE APPLICANT FILED ANY REPORTS WITH REGULATORY AGENCIES (E.G., COMPTROLLER OF THE CURRENCY, SEC) AS REQUIRED BY LAW OR REGULATION, BECAUSE IT WAS NOT ABLE TO MEET STATUTORY OR REGULATORY GUIDELINES FOR THE PROMPT PROCESSING OF PAYMENTS, TRANSFERS, OR OTHER ACTIVITIES CITED ABOVE? IF YES, PROVIDE DETAILS AND A DESCRIPTION OF ANY CORRECTIVE ACTIONS FOR EACH ACTIVITY MARKED "YES".	[]	[]	[]	[]	[]
4. DOES THE APPLICANT MAINTAIN A SEPARATE CLEARING ACCOUNT FOR EACH OF THESE FUNCTIONS WHICH CLEARLY SEGREGATES CLIENT'S FUNDS FROM THE APPLICANT'S OWN ACCOUNTS? IF NO, FOR EACH ACTIVITY WHERE THIS IS NOT THE CASE, PLEASE PROVIDE BY ATTACHMENT THE DETAILS OF HOW THESE FUNDS ARE SEGREGATED FROM THE APPLICANT'S FUNDS.	[] []	[] []	[] []	[] []	[] []
5. A. IS THIS SERVICE RENDERED UNDER A CONTRACT? B. IF 5A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL? C. IF 5A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY?	[] [] []	[] [] []	[] [] []	[] [] []	[] [] []
6. LIST THE TOTAL NUMBER OF CLIENTS THE APPLICANT PROVIDES EACH SERVICE TO OUTSIDE OF ANY TRUST DEPARTMENT OPERATED BY THE APPLICANT.					
7. LIST THE ANNUAL REVENUE VALUES EARNED FROM EACH SERVICE BY THE APPLICANT OUTSIDE OF ANY TRUST DEPARTMENT OPERATED BY THE APPLICANT.					

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #11

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

1. FOR EACH TYPE OF THE FOLLOWING SERVICES OFFERED OUTSIDE OF ANY TRUST DEPARTMENT OPERATED BY THE APPLICANT INDICATE THE NUMBER OF ACCOUNTS, TOTAL ASSETS, AND SIZE OF LARGEST ACCOUNT.

TYPE	NO. OF ACCOUNTS	TOTAL ASSETS	SIZE OF LARGEST ACCOUNT
PENSION ACCOUNTS			
401K PLANS			
THRIFT PLANS			
ESOP			
TOTAL			

2. WHAT FUNCTIONS DOES THE APPLICANT PERFORM FOR THESE ACCOUNTS?

FUNCTION

ASSETS IN CATEGORY

TRUSTEE

PLAN ADMINISTRATOR

CUSTODIAN

RECORD KEEPER

INVESTMENT ADVISOR

MASTER TRUSTEE

OTHER

If other is indicated please describe:

3. WHAT POLICIES AND PROCEDURES ARE FOLLOWED FOR MONITORING THE PERFORMANCE OF OTHER COMPANIES/PROFESSIONALS WHO

ARE INVOLVED WITH THE ACCOUNTS(S)

4. DOES THE APPLICANT MANAGE A SPECIAL GROUP OF POOLED FUNDS FOR ERISA ACCOUNTS?

YES [] NO []

If yes, submit last two annual reports for these funds.

5. ARE ANY ASSETS WHICH THE APPLICANT HOLDS AS AN ERISA FIDUCIARY INVESTED OUTSIDE NORTH AMERICA?

YES [] NO []

If yes, indicate applicant's role.

ASSETS IN CATEGORY

CUSTODIAN

INVESTMENT MANAGER

6. ARE ANY OF THE ACCOUNTS INVESTED IN MUTUAL FUNDS MANAGED BY OTHER ORGANIZATIONS?

YES [] NO []

If yes, indicate the funds, investment manager, and asset size.

FUND NAME

MANAGER

ASSETS INVESTED

7. ARE ERISA ACCOUNTS MANAGED BY A SPECIAL UNIT?

YES [] NO []

If yes, indicate average years of experience of officers

8. IS THE UNIT SUBJECT TO OVERSIGHT BY THE APPLICANT'S TRUST COMMITTEE?

YES [] NO []

If no, please indicate the policies and procedures for oversight of the activities of the unit.

9. A. IS THIS SERVICE RENDERED UNDER A CONTRACT?

YES [] NO []

B. IF 9A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL?

YES [] NO []

C. IF 9A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY?

YES [] NO []

D. IF 9A, B OR C ARE "NO", PLEASE DESCRIBE BY ADDENDUM HOW THE APPLICANT PROTECTS ITSELF FROM LIABILITIES?

YES [] NO []

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #12

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

1. INDICATE WHETHER TAX PLANNING IS PROVIDED FOR THE FOLLOWING OUTSIDE OF ANY TRUST DEPARTMENT OPERATED BY THE APPLICANT:

	YES	NO	#OF ACCOUNTS	TOTAL FEES
TRUSTS	[]	[]	_____	_____
ESTATES	[]	[]	_____	_____
INDIVIDUALS WHO ARE CUSTOMERS FOR OTHER SERVICES	[]	[]	_____	_____
ANY INDIVIDUAL NOT A CUSTOMER FOR OTHER SERVICES	[]	[]	_____	_____

2. INDICATE WHETHER TAX PREPARATION IS PROVIDED FOR THE FOLLOWING OUTSIDE OF ANY TRUST DEPARTMENT OPERATED BY THE APPLICANT:

	YES	NO	#OF ACCOUNTS	TOTAL FEES
TRUSTS	[]	[]	_____	_____
ESTATES	[]	[]	_____	_____
INDIVIDUALS WHO ARE CUSTOMERS FOR OTHER SERVICES	[]	[]	_____	_____
ANY INDIVIDUAL NOT A CUSTOMER FOR OTHER SERVICES	[]	[]	_____	_____

3. IF TAX PLANNING AND PREPARATION SERVICES ARE OFFERED OUTSIDE OF THE TRUST DEPARTMENT, INDICATE THE MINIMUM EDUCATION/
EXPERIENCE REQUIREMENTS OF STAFF: _____

4. DOES THE APPLICANT CONTRACT WITH THIRD PARTIES TO PROVIDE TAX PLANNING AND PREPARATION FOR THE APPLICANT'S CUSTOMERS?
YES [] NO [] If yes, indicate the vendor and the services provided.

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #13

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

1. PLEASE LIST TYPES OF LOANS AND VOLUME IN EACH TYPE:

TYPE	VOLUME
TALL SECURITIZED LOANS	_____
ALL MORTGAGES (NON SECURITIZED)	_____
OTHER CONSUMER	_____
OTHER COMMERCIAL	_____
OTHER	_____

If other, describe by addendum functions performed.

2. PLEASE LIST TYPES OF LEASES AND VOLUME IN EACH TYPE:

TYPE	VOLUME
COMMERCIAL EQUIPMENT	_____
MARINE	_____
REAL ESTATE	_____
AVIATION	_____
OTHER	_____
TOTAL	_____

3. A. IS THIS SERVICE RENDERED UNDER A CONTRACT? YES [] NO []
 B. IF 3A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL? YES [] NO []
 C. IF 3A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY? YES [] NO []
 D. WHAT CLAUSES DO THE APPLICANT'S CONTRACTS CONTAIN TO PROTECT THE APPLICANT FROM THE ERRORS OF ANY LOAN ORIGINATORS OR TO HOLD HARMLESS OR INDEMNIFY IT FOR ACTIONS TAKEN IN ACCORDANCE WITH CONTRACT TERMS?
-

4. WHEN CALCULATING THE ANNUAL DEPRECIATION AMOUNTS FOR LIMITED PARTNERS IN LEASE ARRANGEMENTS, WHAT METHODS AND STANDARDS ARE FOLLOWED? _____

5. DESCRIBE, BY ADDENDUM, ANY AUDITING PROCEDURES ASSOCIATED WITH THIS SERVICE.
-

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #14

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

- 1.A. YEAR SECURITIES BROKER ESTABLISHED: _____
- B. NUMBER OF REGISTERED REPRESENTATIVES: _____
- C. TOTAL ANNUAL REVENUE FROM BROKERAGE COMMISSIONS: _____
- D. AVERAGE DAILY TRADING VOLUME: _____
- E. AVERAGE DAILY TRADING VOLUME PER ACCOUNT: _____
- F. HIGHEST TRADING VOLUME ANY ONE DAY IN PAST 12 MONTHS: _____
- G. DOES THE APPLICANT'S BROKERAGE DEPARTMENT OFFER MARGIN ACCOUNT? YES [] NO []
 STATE PERCENTAGE OF VOLUME _____ %
2. DOES THE APPLICANT ACTIVELY RECOMMEND THESE BONDS TO ITS CLIENTS FOR INVESTMENT PURPOSES? YES [] NO []
 PLEASE DESCRIBE THE APPLICANT'S MARKETING POLICIES AND PROCEDURES.
-
3. ARE OFFERING STATEMENTS MADE AVAILABLE TO POTENTIAL PURCHASERS? YES [] NO []
 A. IF YES, DOES THE APPLICANT REQUIRE OFFERING STATEMENTS TO BE PREPARED BY ATTORNEYS? YES [] NO []
 If yes, describe what criteria are used to select the attorney: _____
-
- B. IF YES, DESCRIBE WHAT CRITERIA ARE USED TO SELECT THE CPA'S: YES [] NO []
4. DOES THE APPLICANT HAVE MINIMUM FINANCIAL REQUIREMENTS FOR GROUPS OR INDIVIDUALS TO WHOM IT WILL SELL BONDS? YES [] NO []
 If yes, indicate requirements.
-
5. A. IS THIS SERVICE RENDERED UNDER A CONTRACT? YES [] NO []
 B. IF 5A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL? YES [] NO []
 C. IF 5A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY? YES [] NO []
 D. IF 5A, B OR C ARE "NO", PLEASE DESCRIBE BY ADDENDUM HOW THE APPLICANT PROTECTS ITSELF FROM LIABILITIES.

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #16

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

A. INVESTMENT ADVISOR/INVESTMENT MANAGER
 1. INDICATE THE NUMBER OF CUSTOMERS OR ACCOUNTS FOR WHICH INVESTMENT ADVICE IS PROVIDED OUTSIDE OF ANY TRUST DEPARTMENT OPERATED BY THE APPLICANT.

A. WHAT IS THE TOTAL VALUE OF THE ASSETS FOR WHICH INVESTMENT ADVICE IS PROVIDED?

B. WHAT IS THE VALUE OF THE LARGEST ACCOUNT? _____

C. WHAT ARE THE TOTAL FEES EARNED BY THIS SERVICE? _____

2. ARE SERVICES PROVIDED FOR:

INDIVIDUALS	YES [] NO []
CORPORATIONS	YES [] NO []
CHARITABLE INSTITUTIONS	YES [] NO []
OTHER	YES [] NO []

3. ARE THERE ESTABLISHED CRITERIA FOR IDENTIFYING INDIVIDUAL CUSTOMERS FOR WHOM INVESTMENT ADVISORY SERVICES WILL BE PROVIDED (E.G., INCOME LEVEL, NET WORTH)? YES [] NO []

4. DO CUSTOMERS COMPLETE A QUESTIONNAIRE OR OTHER WRITTEN DOCUMENT WHICH CLEARLY IDENTIFIES AND STATES THE CUSTOMER'S INVESTMENT OBJECTIVES? YES [] NO []

5. DOES THE APPLICANT RECOMMEND INVESTMENTS AREAS OTHER THAN COMMONLY TRADED SECURITIES? YES [] NO []
 If yes, please describe the specialty area, state its percentage of total investment assets, objectives of investment, and geographic location if applicable, by addendum.

6. A. IS THIS SERVICE RENDERED UNDER A CONTRACT? YES [] NO []
 B. IF 6A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL? YES [] NO []
 C. IF 6A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY? YES [] NO []
 D. IF 6A, B OR C ARE "NO", PLEASE DESCRIBE BY ADDENDUM HOW THE APPLICANT PROTECTS ITSELF FROM LIABILITIES.

7. DESCRIBE PROFESSIONAL QUALIFICATIONS OF INDIVIDUALS INVOLVED IN THE PROVISION OF THIS SERVICE.

B. FINANCIAL AND/OR ECONOMIC ADVISOR

1. DOES THE APPLICANT HAVE AN ECONOMIC FORECASTING DEPARTMENT? YES [] NO []
 If yes, describe the qualifications of its principal managers and/or officers.

2. HOW MANY PROJECTS INVOLVING ECONOMIC OR FINANCIAL ADVICE DID THIS DEPARTMENT CONDUCT FOR A FEE LAST YEAR?

 WHAT WAS THE TOTAL FEE INCOME GENERATED FROM THESE ACTIVITIES DURING THE YEAR?

3. DESCRIBE, BY ADDENDUM , THE TYPES OF FINANCIAL AND ECONOMIC ADVISORY PROJECTS PERFORMED FOR COMMERCIAL CLIENTS.

4. A. IS THIS SERVICE RENDERED UNDER A CONTRACT? YES [] NO []
 B. IF 4A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL? YES [] NO []
 C. IF 4A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY? YES [] NO []
 D. IF 4A, B OR C ARE "NO", PLEASE DESCRIBE BY ADDENDUM HOW THE APPLICANT PROTECTS ITSELF FROM LIABILITIES.

5. DESCRIBE PROFESSIONAL QUALIFICATIONS OF INDIVIDUALS INVOLVED IN THE PROVISION OF THIS SERVICE.

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #17

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

1. INDICATE THE NUMBER OF FINANCIAL PLANS COMPLETED IN THE PAST 12 MONTHS OUTSIDE OF ANY TRUST DEPARTMENT OPERATED BY THE APPLICANT.

INDICATE THE TOTAL FEES COLLECTED

2. DO ALL FINANCIAL PLANNERS HAVE PROFESSIONAL CERTIFICATIONS SUCH AS CFP, CFA OR EQUIVALENT TRAINING EXPERIENCE?

YES [] NO []
3. DOES THE APPLICANT PURCHASE FINANCIAL PLANNING SERVICES FROM AN OUTSIDE FIRM?

YES [] NO []

If yes, do the principals of the firm have professional certifications such as CFP, CFA or equivalent training and experience?

YES [] NO []
4. DOES THE APPLICANT UTILIZE A PURCHASED COMPUTERIZED PLANNING MODEL?

If yes, indicate the vendor of the computer model utilized and the model's name.
6. A. IS THIS SERVICE RENDERED UNDER A CONTRACT?

YES [] NO []

B. IF 6A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL?

YES [] NO []

C. IF 6A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY?

YES [] NO []

D. IF 6A, B OR C ARE "NO", PLEASE DESCRIBE BY ADDENDUM HOW THE APPLICANT PROTECTS ITSELF FROM LIABILITIES.

5. DESCRIBE ANY AUDITING PROCEDURES ASSOCIATED WITH THIS SERVICE.

6. A. IS THIS SERVICE RENDERED UNDER A CONTRACT?

YES [] NO []

B. IF 6A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL?

YES [] NO []

C. IF 6A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY?

YES [] NO []

D. IF 6A, B OR C ARE "NO", PLEASE DESCRIBE BY ADDENDUM HOW THE APPLICANT PROTECTS ITSELF FROM LIABILITIES.

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #18

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

1. PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE APPLICANT'S WIRE TRANSFER SERVICES:

NUMBER OF CUSTOMERS

AVERAGE DAILY VOLUME

\$

TYPICAL HIGHEST DOLLAR AMOUNT

\$

TYPICAL AVERAGE DOLLAR AMOUNT

\$

2. DOES THE WIRE TRANSFER DEPARTMENT MAINTAIN CUSTOMER AUTHORIZATION RECORDS WHICH LIST THE INDIVIDUALS IN CUSTOMER'S FIRM WHO ARE APPROVED FOR WIRE TRANSFER ALONG WITH THE AMOUNTS AUTHORIZED?

YES [] NO []
3. DOES THE WIRE TRANSFER DEPARTMENT UTILIZE TAPE RECORDED CONVERSATION VERIFICATION PROCEDURES?

YES [] NO []
4. DOES THE WIRE TRANSFER DEPARTMENT UTILIZE SECOND PERSON CALL-BACK VERIFICATION PROCEDURES?

YES [] NO []
5. DOES THE APPLICANT SET INTERNAL WIRE TRANSFER AUTHORIZATION LEVELS?

YES [] NO []

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #19- #20

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.
 COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #19

1. INDICATE THE NUMBER OF MUTUAL FUNDS THAT ARE OPEN-END INVESTMENT COMPANIES AS DEFINED BY THE INVESTMENT COMPANY ACT OF 1940 FOR WHICH SERVICES ARE PROVIDED OUTSIDE OF ANY TRUST DEPARTMENT OPERATED BY THE APPLICANT.

A. WHAT IS THE TOTAL MARKET VALUE OF THE ASSETS OF THESE FUNDS?
B. WHAT IS THE VALUE OF THE ASSETS IN THE LARGEST FUN?
C. WHAT IS THE ASSET VALUE IN ALL FUNDS INVESTED OUTSIDE OF NORTH AMERICA?

2. WHICH OF THE FOLLOWING SERVICES DOES THE APPLICANT PROVIDE?

ACCOUNTING	YES []	NO []
VALUATION	YES []	NO []
TRANSFER SERVICES	YES []	NO []
CUSTODY OF SECURITIES	YES []	NO []

3. DOES THE APPLICANT STAFF A SEPARATE SERVICING UNIT FOR MUTUAL FUNDS?

If no, please identify what servicing units the specified services listed above are provided from:

4. DESCRIBE, BY ADDENDUM, ANY AUDITING PROCEDURES ASSOCIATED WITH THESE SERVICES.

5. A. IS THIS SERVICE RENDERED UNDER A CONTRACT?

B. IF 5A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL?
C. IF 5A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY?
D. IF 5A, B OR C ARE "NO", PLEASE DESCRIBE BY ADDENDUM HOW THE APPLICANT PROTECTS ITSELF FROM LIABILITIES.

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #20

1. INDICATE WHICH OF THE FOLLOWING SERVICES ARE PROVIDED:

SERVICES ONLY FOR APPLICANT CUSTOMERS	YES []	NO []
SERVICES FOR THE PUBLIC	YES []	NO []

2. DOES THE APPLICANT HAVE POLICIES OR PROCEDURES WHICH GOVERN THE ACTION OF THEIR NOTARIES?

YES []
NO []

3. IS THIS SERVICE PROVIDED IN CANADA?

YES []
NO []

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #21

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.
 PLEASE INDICATE THE FUNCTIONS PERFORMED AND VOLUME/INCOME INFORMATION.

1. BROKER OR AGENT:

If yes, provide the following information for the last year:

	NUMBER OF PROPERTIES SOLD	TOTAL VALUE	TOTAL COMMISSIONS
COMMERCIAL			
RESIDENTIAL			
OTHER			
TOTALS			

NUMBER OF EMPLOYEES WHO ARE LICENSED AS BROKERS/AGENTS:

2. REAL ESTATE APPRAISER:

YES [] NO []

If yes, provide the following for the last year:

	NUMBER OF APPRAISALS	FEE INCOME
COMMERCIAL		
RESIDENTIAL		
OTHER		
TOTALS		

NUMBER OF EMPLOYEES ACTING AS REAL ESTATE APPRAISERS:

ARE ALL REAL ESTATE APPRAISERS REQUIRED TO OBTAIN PROFESSIONAL CERTIFICATION AND BELONG TO PROFESSIONAL ASSOCIATIONS FOR APPRAISERS?

YES [] NO []

If yes, indicate the certifications and professional associations.

2. REAL ESTATE MANAGER:

YES [] NO []

If yes, provide the following:

	NUMBER OF PROPERTIES MANAGED	ESTIMATED TOTAL VALUE	MANAGED FEES
COMMERCIAL			
RESIDENTIAL			
OTHER			
TOTALS			

DO SALES CONTRACTS AND/OR PROPERTY MANAGEMENT CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS AS TO THE APPLICANT'S LIABILITY?

YES [] NO []

If no, please explain policies and procedures.

DOES THE APPLICANT REQUIRE A HAZARDOUS WASTE SURVEY BEFORE ACCEPTING APPOINTMENT AS MANAGER OF PROPERTIES?

YES [] NO []

If no, please explain policies and procedures.

DOES THE APPLICANT HAVE POLICIES AND PROCEDURES FOR ITS MANAGEMENT OF PROPERTIES?

YES [] NO []

If yes, are there specific guidelines regarding the maintenance of insurance on managed properties?

YES [] NO []

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #22- #23

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #22

1. LIST THE TYPES OF INSURANCE WHICH THE APPLICANT CURRENTLY OFFERS AND THE VOLUME OF EACH LINE DURING THE LAST 12 MONTHS.

TYPE	YES	NO	12 MONTH VOLUME	INCOME
CREDIT LIFE	[]	[]		
MARINE	[]	[]		
AVIATION	[]	[]		
OTHER LIFE	[]	[]		
PROPERTY AND CASUALTY	[]	[]		
HEALTH AND DISABILITY	[]	[]		
OTHER	[]	[]		

2. DOES THE APPLICANT SOLICIT BUSINESS ONLY FROM APPLICANT CUSTOMERS?

YES [] NO []

If no, please describe the applicant's marketing strategies, e.g., direct mail, advertising, etc. by addendum.

3. HOW MANY OFFICERS OR EMPLOYEES ARE LICENSED TO SELL INSURANCE?

4. HOW MANY LOCATIONS SELL INSURANCE?

5. IS ANY UNDERWRITING AUTHORITY MAINTAINED WITHIN THESE OPERATIONS?

YES [] NO []

If Yes, please describe by addendum, the product line and authority.

6. IDENTIFY BY ADDENDUM INSURANCE COMPANIES AND THEIR BEST'S RATINGS WHICH THE APPLICANT TRANSACTS BUSINESS WITH AS BROKERS/AGENTS.

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #23

1. FOR THE LAST YEAR PROVIDE THE VOLUME SOLD IN:

CERTIFIED CHECKS _____

MONEY ORDERS _____

2. DO PROCEDURES REQUIRE THAT COLLECTED FUNDS BE VERIFIED BEFORE SALE OF CERTIFIED CHECKS, MONEY ORDERS, OR TRAVELER'S CHECKS?

YES [] NO []

If no, please describe procedures. _____

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #24

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

1. IF THE APPLICANT SELLS CREDIT CARDS THROUGH OTHER ENTITIES, LIST THE TYPE OF ENTITY, NUMBER OF ACCOUNTS, AND AVERAGE OUTSTANDING BALANCE DURING THE LAST 12 MONTHS FOR EACH TYPE OF ENTITY.

TYPE OF ENTITY	NUMBER OF ACCOUNTS	AVERAGE BALANCE
CORRESPONDENT BANK	_____	_____
MERCHANT	_____	_____
OTHER COMMERCIAL	_____	_____
AFFINITY GROUPS	_____	_____
OTHER	_____	_____
TOTAL	_____	_____

2. INDICATE THE TYPES OF CREDIT CARD SERVICES THE APPLICANT SELLS AND THE REVENUE FROM THE SALE OF THESE SERVICES

IN THE PAST 12 MONTHS.

YES	NO
CREDIT SCORING []	[]
CREDIT APPROVAL []	[]
CARD ISSUANCE []	[]
ACCOUNTING []	[]
COLLECTION []	[]
OTHER []	[]

TOTAL ANNUAL REVENUES FROM SALE OF SERVICES: _____

3. DO OTHER FIRMS PROVIDE THE APPLICANT WITH ANY OF THE SERVICES LISTED IN QUESTION 2 ABOVE?

YES [] NO []

If yes, indicate, by addendum, the service and firm.

ARE THESE SERVICES PROVIDED THROUGH A CONTRACTUAL AGREEMENT?

YES [] NO []

If yes, provide a copy of the contract.

4. DESCRIBE, BY ADDENDUM, ANY AUDITING PROCEDURE ASSOCIATED WITH THESE SERVICES.

5. A. IS THIS SERVICE RENDERED UNDER A CONTRACT?

YES [] NO []

B. IF 5A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL?

YES [] NO []

C. IF 5A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY?

YES [] NO []

D. IF 5A, B OR C ARE "NO", PLEASE DESCRIBE BY ADDENDUM HOW THE APPLICANT PROTECTS ITSELF FROM LIABILITIES.

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #25

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

1. HOW MANY LOCKBOX CUSTOMERS DOES THE APPLICANT HAVE? _____
2. WHAT ARE THE TOTAL FEES EARNED FROM THIS SERVICE ANNUALLY? _____
3. DOES THE APPLICANT HAVE A FORMAL PROGRAM TO MONITOR THE FOLLOWING:

VOLUME	YES []	NO []
ERROR RATE	YES []	NO []
PROCESSING TIME	YES []	NO []

If the applicant does not have a formal program, indicate how these items are monitored.
4. DOES THE LOCKBOX DEPARTMENT MAINTAIN CUSTOMER AUTHORIZATION RECORDS WHICH LIST INDIVIDUALS IN THE CUSTOMER'S BUSINESS WHO ARE AUTHORIZED TO PERFORM LOCKBOX TRANSACTIONS ALONG WITH THE AMOUNTS AUTHORIZED? YES [] NO []
5. DOES THE APPLICANT PROHIBIT COMMERCIAL LOAN OFFICERS FROM UNILATERALLY CONTROLLING FUNDS IN A CUSTOMER'S LOCKBOX? YES [] NO []
6. A. IS THIS SERVICE RENDERED UNDER A CONTRACT? YES [] NO []
- B. IF 6A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL? YES [] NO []
- C. IF 6A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY? YES [] NO []
- D. IF 6A, B OR C ARE "NO", PLEASE DESCRIBE BY ADDENDUM HOW THE APPLICANT PROTECTS ITSELF FROM LIABILITIES.

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #26

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

1. INDICATE THE TYPES OF BUSINESS PROVIDED, AND THE ANNUAL INCOME FROM EACH TYPE.

TYPE	YES	NO	ANNUAL FEES
ACCOUNTING	[]	[]	_____
PAYROLL	[]	[]	_____
ACCOUNTS PAY/REC	[]	[]	_____
COST/GEN ACCT.	[]	[]	_____
MANAGEMENT REP.	[]	[]	_____
OTHER	[]	[]	_____
TOTAL FEES	_____		

If Other, please describe by addendum.

2. INDICATE THE TYPES OF DATA SERVICES PROVIDED AND PERCENTAGE OF DATA PROCESSING REVENUE DERIVED FROM EACH:

TYPE	YES	NO	% OF REVENUE
DATA STORAGE	[]	[]	_____
DATA ENTRY	[]	[]	_____
DATA COLLECTION	[]	[]	_____
DATA PROCESSING	[]	[]	_____
OTHER	[]	[]	_____

If Other, please describe by addendum.

3. DOES THE APPLICANT HAVE A COMPREHENSIVE DISASTER RECOVERY PLAN? YES [] NO []

If yes, indicate the name of the offsite center. _____

If no, indicate by addendum the procedures in place of disaster recovery.

4. DOES THE APPLICANT HAVE A SPECIALIZED EDP AUDIT STAFF?

YES [] NO []
- If yes, are they required to obtain the Certified Information Systems Auditor designation?

YES [] NO []
5. DO CLIENTS HAVE RESPONSIBILITY FOR DETERMINING THE ACCURACY OF RESULTS?

YES [] NO []
6. A. IS THIS SERVICE RENDERED UNDER A CONTRACT?

YES [] NO []
- B. IF 6A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL?

YES [] NO []
- C. IF 6A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY?

YES [] NO []
- D. IF 6A, B OR C ARE "NO", PLEASE DESCRIBE BY ADDENDUM HOW THE APPLICANT PROTECTS ITSELF FROM LIABILITIES.

COMPLETE THIS SECTION IF APPLYING FOR PROFESSIONAL SERVICE #27

IMPORTANT- READ CAREFULLY: THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND PART OF THE BANKER'S PROFESSIONAL LIABILITY APPLICATION COMPLETED BY THE APPLICANT. ANY POLICY ISSUED BY THE INSURER SHALL RELY UPON THE TRUTH AND ACCURACY OF THE STATEMENTS, REPRESENTATIONS AND MATERIALS SUBMITTED IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION WHICH SHALL FORM THE BASIS OF ANY SUCH POLICY SHOULD ONE BE ISSUED. IT IS ESSENTIAL THAT ALL THE QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

1. PLEASE DESCRIBE IN DETAIL THE PROFESSIONAL SERVICE FOR WHICH COVERAGE IS DESIRED:

2. ORIGINAL YEAR APPLICANT ESTABLISHED THE SERVICE DESCRIBED IN QUESTION #1.

3. LIST ANNUAL GROSS RECEIPTS AND NUMBER OF CLIENTS ASSOCIATED WITH THE SERVICE DESCRIBED ABOVE.

RECEIPTS	CLIENTS

4. A. NUMBER OF EMPLOYEES ENGAGED IN PROVIDING THE SERVICE DESCRIBED ABOVE.

B. DESCRIBE THEIR PROFESSIONAL TRAINING OR QUALIFICATIONS.

5. DESCRIBE ANY AUDITING PROCEDURES ASSOCIATED WITH THE SERVICE DESCRIBED ABOVE.

6. A. IS THIS SERVICE RENDERED UNDER A CONTRACT?

YES [] NO []
- B. IF 6A IS "YES", ARE ALL CONTRACTS APPROVED BY COUNSEL?

YES [] NO []
- C. IF 6A IS "YES", DO ALL CONTRACTS PROVIDE INDEMNITY AND/OR LIMITATIONS TO THE APPLICANT'S LIABILITY?

YES [] NO []
- D. IF 6A, B OR C ARE "NO", PLEASE DESCRIBE BY ADDENDUM HOW THE APPLICANT PROTECTS ITSELF FROM LIABILITIES.