

Professional @vantage
for Financial Institutions

- OneBeacon Insurance Company
- OneBeacon America Insurance Company
- OneBeacon Midwest Insurance Company
- The Employers' Fire Insurance Company
- York Insurance Company of Maine
- The Camden Fire Insurance Association



Application for Financial Institution:

- *Financial Institution Bond*
Complete questions 8-34
- *Management and Professional Liability Policy*
 - Directors & Officers *Complete questions 35-38*
 - Employment Practices Liability *Complete questions 39-41*
 - Fiduciary Liability *Complete questions 42-47*
 - Lender Liability *Complete questions 48-52*
 - Bankers Professional Liability *Complete questions 53-60*
 - Trust Errors & Omissions *Complete application SCB006*

Name of Financial Institution: *List all entities applying for coverage, including all subsidiaries.*

Address: _____
 Telephone: _____ Fax: _____ FDIC No: _____ Website: _____

GENERAL INFORMATION

1. Location information. List the current:

_____ Number of Branches	_____ Number of Limited Service Facilities
_____ Number of Locations with Safe Deposit Boxes	_____ Number of Safe Deposit Boxes
_____ Number of Locations with On-Premises ATMs	_____ Number of Off-Premises ATMs
2. Ownership information:

_____ Number of Shareholders	_____ Number of Shares Outstanding	_____ % of Insider Ownership
_____ Number of Shareholders owning more than 10% of shares outstanding. *		
3. Does the Financial Institution have a ticker symbol? Yes No
 - a) If yes, what is the ticker symbol? _____
 - b) If yes, on which exchange is the common stock traded? OTC/BB NYSE/AMEX/NASDAQ
4. Regulatory information from the most recent exam:
 - a) Regulatory Agency: _____ Date of Last Exam: _____
 - b) Have all criticisms in the exam report been addressed by the Board of Directors/Trustees? Yes No*
 - c) In the past 3 years, has the Financial Institution or any subsidiary been placed under, or does management anticipate, any type of regulatory order, agreement or action? Yes* No
 - d) Did the dollar amount of classified assets exceed 40% of capital? Yes* No
5. External Audit:
 - a) Type of external audit: Full-scope Directors-scope Other _____
 - b) External audit frequency: Annually Bi-annually Other _____
 - c) Where any material weaknesses noted in the most recent Management Letter? Yes* No
 - d) If a full-scope audit was performed, was the opinion unqualified (favorable)? Yes No*
6. Internal Audit:
 - a) Who performs the internal audit function? External Firm Employees Not Performed
 - b) Are audit reports submitted directly to the Board of Directors/Trustees or the Audit Committee? Yes No
 - c) Is the Audit Committee comprised of only outside directors/trustees? Yes No
7. Which insurance carrier currently provides General Liability and Property coverage? _____
 - a) What are the policy expiration dates? _____

* *Please provide details by attachment.*

FINANCIAL INSTITUTION BOND UNDERWRITING INFORMATION

Complete this section only if a Financial Institution Bond is requested.

- 8. Is there a formal program requiring segregation of duties in every area so that no single transaction can be fully controlled from start to finish by the same person? Yes No*
 a) If no, is there a frequent rotation of duties without prior notice thereof? Yes No*
- 9. Are all loan proceeds prepared and disbursed by someone other than the officer approving the loan? Yes No*
- 10. Are official checks reconciled by someone other than those authorized to issue them? Yes No*
- 11. Are all currency shipments prepared, received, and counted under dual control? Yes No*
- 12. Is the night depository safe opened under dual control? Yes No*
- 13. Are the main and reserve cash vaults in each branch maintained under dual control? Yes No*
- 14. What is the maximum amount of cash held in the main vault of any branch? \$ _____
- 15. What is the maximum amount of cash held in any teller station at any time? \$ _____
- 16. Are all safe deposit boxes located in a vault and have dual key entry? Yes No*
- 17. Does the Financial Institution and its subsidiaries have procedures in place to verify the authenticity of customer and internal wire transfer requests initiated by telephone, email or telefacsimile? Yes No*
- 18. Are signatures on all notes and documents obtained in the presence of an employee of the Financial Institution or subsidiary (including loans originated by third parties)? Yes No*
- 19. At what dollar amount are signatures verified on checks drawn on the Financial Institution? \$ _____
- 20. Are tellers prohibited from cashing checks for non-customers? Yes No*
 a) If no, does the Financial Institution have a procedure in place to verify funds availability and authenticity of checks presented by non-customers? Yes No*
- 21. Are tellers prohibited from cashing or splitting the deposit of checks payable to a business or corporation? Yes No*
- 22. How often are customer account statements distributed? Monthly Quarterly Other _____
- 23. Are employees' accounts segregated and reviewed for unusual activity at least monthly? Yes No*
- 24. Are all correspondent accounts, suspense accounts and transit accounts balanced and reconciled on a regular basis and under dual control? Yes No*
- 25. Are dormant accounts flagged, segregated and administered under dual control? Yes No*
- 26. Does management require annual vacations of at least two consecutive weeks for all employees and prohibit access to work stations during the vacation period? Yes No*
 a) If no, does management require annual vacations of at least one week? Yes No*
- 27. Does the Financial Institution and its subsidiaries have procedures in place to image and record data required for reconstruction of Transit Cash Letter items in the event of loss? Yes No*
 a) If yes, is the back-up record maintained separately from the original documents? Yes No*
- 28. How often is a check kite suspect report reviewed (daily, weekly, etc.)? _____

Computer Systems – *Complete if Computer Systems coverage of the Financial Institution Bond is requested.*

- 29. Core processing is: Processed on in-house systems Outsourced Both
 a) If any part is outsourced, list vendor(s) _____
- 30. Internet/PC banking is: Processed on in-house systems Outsourced Not Offered
 a) If outsourced, list vendor(s) _____
- 31. In addition to the Financial Institution's proprietary systems, are any other systems to be covered under the financial institution bond? Yes* No
- 32. Are source programs inaccessible to operators? Yes No
- 33. Is a sign-on with an individual ID and password required for authorized personnel to make system updates? Yes No*
- 34. Is written authorization, by someone other than those making system updates, required before system changes are moved to active status? Yes No*

** Please provide details by attachment.*

MANAGEMENT AND PROFESSIONAL LIABILITY UNDERWRITING INFORMATION

NOTICE: THE LIABILITY POLICY WHICH MAY BE ISSUED BASED UPON THIS APPLICATION IS A CLAIMS MADE POLICY, WRITTEN ON A NO DUTY TO DEFEND BASIS, AND, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE DISCOVERY PERIOD APPLIES. DEFENSE COSTS REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

Management Liability (D&O) Information – Complete if Management Liability (D&O) is requested.

35. Other than retirement or death, have there been any changes in any of the following management positions during the past 3 years? If yes, indicate which position(s). Yes No
- Chairman of the Board Chief Executive Officer President Chief Information Officer
 Senior Operations Officer Senior Loan Officer Internal Auditor
36. Has any director or officer in the past 3 years been charged with or convicted of any criminal act or been the subject of any pending criminal investigation? Yes* No
37. In the past 3 years has there been or is the Financial Institution or any subsidiary contemplating in the next 12 months any:
- a) Merger, consolidation, acquisition, divestiture, securities offering, tender offer? Yes* No
- b) Listing of shares for sale on any stock exchange, conversion from a mutual to stock ownership or conversion from a bank holding company to a financial services holding company? Yes* No
- c) Involvement in any bankruptcy, reorganization or arrangement with creditors under federal or state law? Yes* No
38. In the past 3 years, has the Financial Institution or any subsidiary made any loans to a Director or Officer of the institution which:
- a) Exceeded 10% of capital or has been subject to regulatory criticism or adverse classification? Yes* No
- b) Exceeded the legal lending limit or violated any laws or regulations? Yes* No
- c) Did not comply with the Community Reinvestment Act of 1977? Yes* No

Employment Practices Liability Information – Complete if Employment Practices Liability coverage is requested.

39. In the past 12 months have there been any branch or office closings, layoffs, terminations or reorganizations? Yes* No
- a) Are any such closings, layoffs, terminations or reorganizations contemplated within the next 12 months? Yes* No
40. Has employee turnover exceeded 25% in either of the past 2 years? Yes* No
41. Does the Financial Institution and its subsidiaries have written sexual harassment policies and employment applications? Yes* No

Fiduciary Liability Information – Complete if Fiduciary Liability coverage is requested.

42. Total assets of all benefit plans: \$ _____
43. In the past 3 years have there been any benefit plan terminations, plan restructuring or conversions from a defined benefit pension plan to a defined contribution pension plan? Yes* No
- a) Are any such benefit plan terminations, restructuring or conversions contemplated within the next 12 months? Yes* No
44. If there are any defined benefit plans, are they fully funded? Not Applicable Yes No*
45. Is any benefit plan an Employee Stock Ownership Plan (ESOP)? Yes No
- a) If yes, what percentage of the Financial Institution's stock is owned by the ESOP? _____ %
46. Does the investment manager have discretionary control over the investment of total benefit plan assets? Yes No

** Please provide details by attachment.*

47. Is any benefit plan a 401(k) plan? Yes No
- a) Are plan participants allowed to invest their own 401(k) contributions in investments other than the stock of the Financial Institution or its subsidiaries? Yes No
- b) Are any matching contributions made by the plan sponsor in the form of stock in the Financial Institution or its subsidiaries? Yes No
- i) If yes, what percentage of the 401(k) plan assets are invested in stock of the Financial Institution or its subsidiaries? _____%

Lender Liability Information – Complete if Lender Liability coverage is requested.

48. Who performs Loan Reviews? Employees External Firm Not Performed
a) Loan review frequency: Weekly Monthly Quarterly Other _____
49. During the past 3 years, has any director or officer been made aware of any concentration of credit which warrants reduction or correction or any extension of credit which exceeds the legal lending limit? Yes* No
50. In the past 3 years has there been any purchase of individual loans or portfolios of loans originated by other lenders? Yes* No
a) Are any such loan purchases contemplated within the next 12 months? Yes* No
51. Do loans outside of the Financial Institution's trade territory exceed 25% of the loan portfolio? Yes* No
52. Does the Financial Institution or any subsidiary participate in Payday or Subprime lending? Yes* No

Bankers Professional Liability – Complete if Bankers Professional Liability coverage is requested.

53. Check all services currently offered or contemplated by the Financial Institution or any subsidiary within the next 12 months.

Please list the annualized revenue for each of the services checked below.

Accounting/Processing Services

- Accounting Services \$ _____
- Actuarial Services \$ _____
- Credit Card Processing \$ _____
- Debit Card Issuance \$ _____
- Tax Preparation \$ _____

Brokerage/Investment Services

- Investment Advisory Services \$ _____
- Investment Banking \$ _____
- Private Equity Investing \$ _____
- Securities Underwriting \$ _____
- Trust Services \$ _____
- Security Broker/Dealer \$ _____

Insurance Services

- Insurance Agency \$ _____
- Insurance Company \$ _____

Other Professional Services

- Other (please specify) \$ _____

Lending Services

- Dealer Floor Planning \$ _____
- Fee Based Mortgage Banking \$ _____
- Leasing Services \$ _____
- Third Party Loan Servicing \$ _____

Real Estate Services

- Appraisal Services \$ _____
- Property Management Services \$ _____
- Real Estate Brokerage \$ _____
- Title Company \$ _____

Technology Services

- Data Processing Services \$ _____
- Internet Service Provider \$ _____
- Internet Banking Transactions \$ _____
- Networking Hosting for Third Parties \$ _____
- Network Security Services \$ _____
- Website Development \$ _____
- Computer Hardware or Software Consulting, Design, Installation or Sale \$ _____

54. Does the Financial Institution or any subsidiary contract with third parties to perform any of the services offered by the Financial Institution as noted in question 53 above? Yes* No
- a) If yes, does the third party service provider agree under contract to indemnify or limit the liability of the Financial Institution for such services? Yes No*

* Please provide details by attachment.

Insurance Services/Agency Information – Complete if Insurance Services/Agency coverage is requested.

55. Does the Financial Institution and its subsidiaries maintain a system to immediately notify insurance carriers of all claims and incidents reported by insurance customers or third party claimants? Yes No*
56. Does the Financial Institution and its subsidiaries conduct internal audits to monitor compliance with insurance errors and omissions procedures? Yes No*
57. Does the Financial Institution and its subsidiaries prohibit the placement of insurance with carriers rated lower than A- by A.M. Best Company, or that are not rated? Yes No*

Broker/Dealer Services – Complete if Broker/Dealer coverage is requested.

58. Are the security broker/dealer services provided by the Financial Institution or subsidiary:
 Referred to an outside securities firm.
 Performed by staff employed by both the Financial Institution and an outside securities firm (dual purpose employees).
 Performed exclusively by the Financial Institution's own employees.
59. Does the Financial Institution and its subsidiaries require a hold harmless agreement when succeeding another security/broker dealer? Yes No*
60. Do the contracts authorizing the Financial Institution or subsidiary to perform broker/dealer services include an arbitration provision? Yes No*

Trust Errors and Omissions - If Trust Errors & Omissions coverage is requested, please complete and attach supplemental application number SCB006.

LOSSES, PENDING LITIGATION AND CLAIMS HISTORY

For New Coverage:

61. During the past 3 years, have there been or are there now any lawsuits or demands for compensation for loss involving the Financial Institution, any subsidiary, or any past or present director/trustee, officer or employee? Yes* No
62. Have there been any Financial Institution Bond losses in excess of the expiring bond deductible during the past 3 years, whether reimbursed or not? Yes* No
63. Is the Financial Institution or any subsidiary a defendant in any lawsuit which, if the allegations are proven, could materially affect the financial condition of the Financial Institution or any subsidiary? Yes* No
64. Does any director/trustee or officer have any knowledge of any fact, circumstance or situation involving the Financial Institution, its subsidiaries, or any past or present director/trustee, officer or employee, which could reasonably be expected to give rise to a future liability or bond loss? Yes* No

For Renewing Coverage:

65. Are there any claims or potential claims that have not been reported to the insurer involving the Financial Institution, any subsidiary, or any Insured Person resulting from their activities as such? Yes* No

** Please provide details by attachment.*

Documents to be submitted with this application:

- Details to questions as requested above.
- A list of all subsidiary organizations and a description of the nature of their operations.
- Latest year audited financial statements or Directors' Exam.
- A list of the members of the Board of Directors and their outside affiliations.
- The most recent C.P.A. management letter and response.
- A list of all Employee Benefit Plans sponsored by the Financial Institution or any subsidiary.

REPRESENTATION STATEMENT

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance agree and declare to the best of their knowledge and belief, after reasonable inquiry, the statements in this application, and any additional material submitted, are true and complete, and that reasonable efforts have been made to obtain sufficient information from each and every individual or entity proposed for this insurance to facilitate the proper and accurate completion of this application.

The undersigned authorized agents understand and agree:

- The submission of this application does not obligate the insurer to issue, or the applicant to purchase a bond or policy. The applicant will be advised by the insurer if the application for coverage is accepted.
- Coverage will not be provided for any service or activity unless listed in the application, an applicable supplemental application, or additional materials and expressly agreed by the insurer.
- If there is any material change in the answers to the questions in this application or any attachments, before the policy inception date, the applicant will immediately notify the insurer in writing and any outstanding quotation may be modified or withdrawn.
- If a bond or policy is issued, the insurer relied upon this application, any previous application, any supplemental application and any additional materials submitted in issuing each such bond or policy and any endorsements thereto.
- This application and its attachments shall be the basis of a contract should a bond or policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such bond or policy.
- The liability policy which may be issued based upon this application provides claims made coverage, which applies only to claims first made during the policy period, or any extended reporting period. The limit of liability to pay loss will be reduced, and may be exhausted, by defense costs, and defense costs will be applied against the retention. In no event will the insurer be liable for defense costs or any other loss in excess of the applicable limit of liability.
- For new coverage, any claim arising from prior or pending litigation or any prior written or oral demand shall be excluded from coverage. If knowledge of any fact, circumstance or situation exists, any claim or action subsequently arising there from shall be excluded from coverage.
- For renewal coverage, any increased limit of liability or coverage enhancement shall not apply to any claim, facts, circumstances or situations for which the insurer has already received notice or that the undersigned or any insured has knowledge of which could reasonably be expected to give rise to a future claim.
- The information provided in this application, any supplemental application, and any attachments, is for underwriting purposes only and does not constitute notice to the insurer under any policy of a claim or potential claim.

FRAUD WARNING NOTICES

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. In the District of Columbia, Louisiana, Maine and Tennessee, insurance benefits may also be denied.

COLORADO FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a 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.

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

KENTUCKY FRAUD WARNING: 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 act, which is a crime.

MINNESOTA FRAUD WARNING: Fraud, material misrepresentation and material omission with the knowledge of the Insured is the only basis for voiding an insurance contract in Minnesota.

NEBRASKA FRAUD WARNING: Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

OHIO FRAUD WARNING: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD WARNING: 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 FRAUD WARNING: 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 deceptive insurance act and may be found guilty of insurance fraud by a court of law.

VERMONT FRAUD WARNING: 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 may subject the person to criminal and civil penalties.

VIRGINIA FRAUD WARNING: 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.

WASHINGTON FRAUD WARNING: 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.

NEW YORK FRAUD WARNING: 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.

THIS APPLICATION MUST BE SIGNED BY (1) THE CHIEF EXECUTIVE OFFICER, PRESIDENT OR CHAIRMAN, AND (2) THE CHIEF FINANCIAL OFFICER OR EQUIVALENT OFFICER, WITH THE UNDERSTANDING AND AGREEMENT THAT, AFTER HAVING READ THE ENTIRE APPLICATION AND REPRESENTATION STATEMENTS, BOTH SUCH INDIVIDUAL SIGNERS ARE ACTING AS THE AUTHORIZED AGENTS OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.

Chief Executive Officer, President or Chairman of the Board:

Print Name:	Signature:	
Title:	Date:	E-mail Address:

Chief Financial Officer or Equivalent Officer:

Print Name:	Signature:	
Title:	Date:	E-mail Address:

Submitted by:

Insurance Agency or Broker Name:	Print Name:	
Street Address:	Signature:	
City, State and Zip Code	Date Submitted:	E-mail Address:

**TABLE OF DESIRED COVERAGE
FINANCIAL INSTITUTION BOND**

Inception Date: _____

Expiration Date: _____

	Option 1		Option 2	
	Single Loss Limit of Indemnity	Single Loss Deductible	Single Loss Limit of Indemnity	Single Loss Deductible
<i>Please check coverages requested</i>				
<input type="checkbox"/> Basic Bond Coverage Including: (A) Employee Dishonesty (B) Loss Inside the Premises (C) Loss While in Transit (F) Counterfeit Money				
<input type="checkbox"/> (D) Forgery, Counterfeit, Alteration and Fraudulent Instructions <input type="checkbox"/> Unauthorized Signature Coverage				
<input type="checkbox"/> (E) Forgery and Alteration of Securities and Other Instruments <input type="checkbox"/> Loan Participation Coverage				
<input type="checkbox"/> (G) Fraudulent Mortgages, Defective Signatures				
<input type="checkbox"/> (H) Stop Payment Orders or Wrongful Dishonor of Checks Legal Liability				
<input type="checkbox"/> (I) Transit Cash Letters		\$0		\$0
<input type="checkbox"/> (J) Automated Teller Machines				
<input type="checkbox"/> (K) Electronic / Computer Systems Fraud <input type="checkbox"/> Telefacsimile, Email and Voice Instruction Transactions <input type="checkbox"/> Electronic Notes Fraud Coverage <input type="checkbox"/> Remote Access Voice Computer System (PBX)Telephone Fraud Coverage				
<input type="checkbox"/> (L) Restoration Costs of Electronic Information				
<input type="checkbox"/> (M) Safe Deposit Box <input type="checkbox"/> (M)(1) Legal Liability of Depository		\$0		\$0
<input type="checkbox"/> (M)(2) Loss of Customers' Property		\$0		\$0
<input type="checkbox"/> (N) Kidnap & Extortion Including Cyber Extortion Threats				
<input type="checkbox"/> (O) Check Kiting Fraud				
<input type="checkbox"/> (P) Servicing Contractors				
<input type="checkbox"/> (Q) Employee Benefit Plans(s)	Same as A	\$0	Same as A	\$0
<input type="checkbox"/> (R) Claims and Audit Expense		\$0		\$0

Name of expiring insurance carrier: _____

**TABLE OF DESIRED COVERAGES
MANAGEMENT AND PROFESSIONAL LIABILITY**

Inception Date: _____

Expiration Date: _____

Option 1 <i>Please check coverages requested</i>	Limit of Liability	Retention	Check if part of the Shared Limit of Liability	Check if this is a new coverage for the Financial Institution
<input type="checkbox"/> A. Insured Persons Liability			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> B. Financial Institution Indemnification			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> C. Financial Institution Liability				<input type="checkbox"/>
<input type="checkbox"/> C1. IRA/Keogh Liability				<input type="checkbox"/>
<input type="checkbox"/> C2. Depositor Liability				<input type="checkbox"/>
<input type="checkbox"/> C3. Loss of Sensitive Customer Information			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> D. Employment Practices Liability			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> D1. Third Party Sexual Harassment			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> E. Fiduciary Liability			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> F. Lender Liability			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> F1. Expanded Lender Liability			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G. Bankers Professional Liability			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G1. Expanded Bankers Professional Liability				<input type="checkbox"/>
<input type="checkbox"/> G2. Insurance Services				<input type="checkbox"/>
<input type="checkbox"/> G3. Broker/Dealer Services				<input type="checkbox"/>
<input type="checkbox"/> H. Trust Errors & Omissions			<input type="checkbox"/>	<input type="checkbox"/>
Policy Year Shared Limit of Liability				

Option 2 <i>Please check coverages requested</i>	Limit of Liability	Retention	Check if part of the Shared Limit of Liability	Check if this is a new coverage for the Financial Institution
<input type="checkbox"/> A. Insured Persons Liability			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> B. Financial Institution Indemnification			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> C. Financial Institution Liability				<input type="checkbox"/>
<input type="checkbox"/> C1. IRA/Keogh Liability				<input type="checkbox"/>
<input type="checkbox"/> C2. Depositor Liability				<input type="checkbox"/>
<input type="checkbox"/> C3. Loss of Sensitive Customer Information			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> D. Employment Practices Liability			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> D1. Third Party Sexual Harassment			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> E. Fiduciary Liability			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> F. Lender Liability			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> F1. Expanded Lender Liability			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G. Bankers Professional Liability			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> G1. Expanded Bankers Professional Liability				<input type="checkbox"/>
<input type="checkbox"/> G2. Insurance Services				<input type="checkbox"/>
<input type="checkbox"/> G3. Broker/Dealer Services				<input type="checkbox"/>
<input type="checkbox"/> H. Trust Errors & Omissions			<input type="checkbox"/>	<input type="checkbox"/>
Policy Year Shared Limit of Liability				

Name of expiring insurance carrier: _____