

Travelers Casualty and Surety Company of America

The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made and reported during the policy period, or any applicable extended reporting period.

The limit of liability available to pay losses will be reduced and may be exhausted by the amounts paid as defense expenses. The deductible or retention will apply to defense expenses. (For policies issued in New York, the limit of liability may be reduced up to 50% for amounts paid as defense expenses, and the deductible or retention may apply up to 50% of defense expenses).

Applicant means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

A. COMMON SECTION

I. GENERAL INFORMATION

1. **Applicant** Information:

Name of **Applicant**: _____

Street Address: _____

City, State, ZIP Code: _____

Website Address(es): _____

Year **Applicant's** business was established: _____

Description of **Applicant's** operations: _____

2. **Applicant's** Standard Industrial Classification (SIC) code, if known (4-digit number): _____

3. Is the **Applicant** a subsidiary of a foreign parent? Yes No

4. Does the **Applicant** currently file, or does it anticipate filing in the next 6 months, any documents with the Securities and Exchange Commission or similar foreign authority regarding any equity or debt securities? Yes No

II. ORGANIZATION INFORMATION

Attach any information that is available to explain the nature of the business of the **Applicant**, including brochures, pamphlets, newsletters, etc. (Not applicable to deposit taking financial institutions.)

1. List and describe all entities in which the **Applicant's** ownership interest is 50% or greater or over which the **Applicant** has management control (Check here if not applicable):

Name	% Owned	Year Started	Description of Operations	Entity Type*
	%			
	%			
	%			

*Entity Type: FP=For-Profit (other than Partnership); NP=Non-Profit; GP=General Partnership; LP=Limited Partnership; LLC=Limited Liability Company

To enter more information, please attach a separate page or an organization chart with ownership detail.

2. In the next 12 months (or during the past 24 months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) the following:
- a. Any actual or proposed merger, acquisition, or divestiture? Yes No
 - b. Any creation of a new business, subsidiary, or division? Yes No
 - c. Any registration for a public offering or a private placement of securities (stocks or bonds)? Yes No
 - d. Any reorganization or arrangement with creditors under federal or state law? Yes No
 - e. Any branch, location, facility, office, or subsidiary closings, consolidations, or layoffs? Yes No

If any of the questions above were answered Yes, please attach an explanation, including the timing, the essential terms of the event, arrangement, impact on employee base and the surrounding circumstances.

3. Indicate dates and by whom the last 3 regulatory examinations were made (excluding compliance and EDP exams):

Date:			
By:			

Attach a separate schedule for each deposit taking institution.

4. Have all criticisms or comments noted in the last regulatory examination and audit (conducted by either an internal or external auditor) been reviewed and appropriate steps taken by the Board of Directors? Yes No
5. Have any Cease and Desist Orders, Consent Orders, Memorandums of Understanding, Letters of Agreement, Supervisory Agreements, Specific Action Directives, or other restrictive controls been issued, discussed, or adopted within the past 3 years or are there any now pending? Yes No
If Yes, attach full details.
6. a. State the total dollar amount of loans to Directors, Officers, other insiders and their interests. *Attach a separate schedule for each deposit taking institution.* \$ _____
- b. Are any loans or other extensions of credit to Directors, Officers, other insiders or their affiliates 90 days past due or have any been classified by any regulatory agency? Yes No
If Yes, please attach full details.
7. a. State the total amount of all loans and other assets classified as substandard, doubtful or loss or their equivalent for each of the last 3 years:

Year	Substandard	Doubtful	Loss	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

- b. Are these amounts greater than the amounts so classified by regulators in each of the last 3 regulatory examinations? Yes No
If No, please attach full details.
- c. What is the largest classified balance of any borrower identified in the most recent regulatory exam? \$ _____

With respect to question 7.a.-c., attach a separate schedule for each deposit taking institution.

8. During the past 3 years, has any Director or Officer been alerted to any of the following conditions:
- a. Concentration 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, other insiders or their related interests? Yes No
 - d. Any violations of laws or regulations? Yes No

If any of the questions above were answered Yes, please attach full details.

9. Have there been any changes in the Board of Directors or senior management of the **Applicant** within the past 3 years for reasons other than death or retirement? Yes No
If Yes, attach an explanation.
10. During the past 3 years has there been a change in ownership of any **Applicant** or of the controlling holding company that resulted in a change in ownership of 10% or more of the outstanding voting stock? Yes No
If Yes, attach full details.
11. If the **Applicant** is a mutual association, has a conversion of mutual ownership to stock ownership been considered in the past or is such a conversion being contemplated within the next 12 months? Yes No
12. Has the **Applicant** purchased any loans or "books" of loans originated by other lenders during the past 3 years? Yes No
If Yes, please provide details.
13. What percentage of the loan portfolio consists of participations accepted from other originating financial institutions? _____ %
 If greater than 5%, please provide the names and locations of the originating institutions:

14. Indicate the following as it relates to the **Applicant's** fiscal year end (FYE):

	Most Recent FYE (Month/Year) (____/____)	Prior FYE (Month/Year) (____/____)	Projected FYE (Month/Year) (____/____)
Total Assets	\$ _____	\$ _____	\$ _____

15. Percentage of **Applicant's** total revenue derived from foreign sources: _____ %
16. Estimated percentage of **Applicant's** total revenue derived from or dependent upon website or Internet: _____ %
17. a. Provide the following insurance information for the **Applicant**:

Coverage	Insurer (Policy #, if Travelers)	Limit	Deductible/ Retention	Policy Period
Financial Institution Bond		\$ _____	\$ _____	<mm/dd/yyyy> to <mm/dd/yyyy>
General Liability		\$ _____	\$ _____	<mm/dd/yyyy> to <mm/dd/yyyy>
Property Insurance		\$ _____	\$ _____	<mm/dd/yyyy> to <mm/dd/yyyy>
Network and Security Liability		\$ _____	\$ _____	<mm/dd/yyyy> to <mm/dd/yyyy>
Media Liability		\$ _____	\$ _____	<mm/dd/yyyy> to <mm/dd/yyyy>
Other E&O Coverage		\$ _____	\$ _____	<mm/dd/yyyy> to <mm/dd/yyyy>

b. If other E&O coverage was completed, please specify the kind of E&O coverage obtained: _____

III. EMPLOYEE/LOCATION INFORMATION

- Total number of employees*: _____
- Complete the following chart breaking out the number of Full Time and Part Time employees*, Volunteers and natural person Independent Contractors**:

As of Date of Application		Previous 12 Months		As of Date of Application	
Full Time Employees	Part Time Employees	Full Time Employees	Part Time Employees	Volunteers	Independent Contractors**

- Total number of employees* outside the U.S.? _____
- Locations:
 - Main Office of the **Applicant** _____ 1
 - All other locations of the **Applicant**
Include branches, facilities, loan production offices, mobile branches. + _____
 - Total number of locations: = _____
- Are any of the above locations outside the United States? Yes No
If Yes, attach full details.

*Full and part time including leased, seasonal, and temporary employees

**Independent Contractors may not be considered Employees with respect to certain coverages

IV. AUDIT INFORMATION

- Scope of financial statement preparation:
Internal CPA Compilation CPA Review CPA Audit None
- Has the **Applicant** changed outside auditors in the last 3 years? N/A Yes No
If Yes, please attach an explanation.
- Have the outside auditors stated there are material weaknesses in the **Applicant's** systems of internal controls? N/A Yes No
If Yes, please attach an explanation and provide the latest CPA letter to management and management's response.
- Has the **Applicant** implemented all material recommendations of the auditor? N/A Yes No
If No, please attach an explanation.
- Has any auditor issued a "going concern" opinion for the **Applicant's** financial statements during the past 3 years? N/A Yes No
If Yes, please attach an explanation.
- Are there direct annual verifications of at least 10% of the total number and the total dollar amount within each category of deposit accounts and loan accounts? Yes No
 - If less than 10% are statistical sampling techniques used? Yes No
- Are alternative audit procedures performed on all:
 - Positive confirmations which are not returned? Yes No
 - Confirmations which are returned undeliverable? Yes No
 - Confirmations designated as "Bank as Addressee" or "Hold/Do Not Send"? Yes No
- Does the **Applicant** have an internal audit function? Yes No
If Yes, who performs this function? Employees Number of: _____
 Third Party Name of: _____

V. CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS

LIABILITY COVERAGES

Requested Liability Coverage	Requested Coverage (A)	Requested Limit (B)	Requested Retention (C)	Coverage Currently Purchased (D)	Expiring Limit (E)	Expiring Retention (F)	Expiring Premium (G)
Directors and Officers Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$	\$
	Requested Effective Date:		Current Insurer:		Date Coverage First Purchased:		
Employment Practices Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$	\$
	Requested Effective Date:		Current Insurer:		Date Coverage First Purchased:		
Fiduciary Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$	\$
	Requested Effective Date:		Current Insurer:		Date Coverage First Purchased:		
Financial Institution Professional Liability							
Lender Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$	\$
	Requested Effective Date:		Current Insurer:		Date Coverage First Purchased:		
Professional Services Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$	\$
	Requested Effective Date:		Current Insurer:		Date Coverage First Purchased:		
Trust Services Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$	\$
	Requested Effective Date:		Current Insurer:		Date Coverage First Purchased:		

1. Policy Options:

a. What is the **Applicant's** preference for defense coverage:

- i. Directors and Officers Liability? Duty to Defend Reimbursement
- ii. Employment Practices Liability? Duty to Defend Reimbursement
- iii. Fiduciary Liability? Duty to Defend Reimbursement
- iv. Financial Institution Professional Liability? Duty to Defend Reimbursement

b. What is the **Applicant's** preference for Liability Coverage limits: Individual Limits Shared Limits

c. If the **Applicant** is requesting Employment Practices Liability coverage as indicated in Column (A) above, is this coverage also requested for third party sexual harassment claims? Yes No

*If **Applicant** is requesting third party sexual harassment coverage, but does not currently purchase such coverage, please answer Question 3 below.*

2. Solely with respect to those Liability Coverage(s) currently purchased as indicated in Column (D) above which have been in place for less than 3 years, please answer the following question:

As of the date the **Applicant** first purchased the Liability Coverage(s), is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim being made against them under the Liability Coverage(s) for which the **Applicant** is applying? Yes No

If Yes, please attach an explanation.

3. With respect to Liability Coverage(s) not currently purchased as indicated in Column (D) above, please answer the following question:

Is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Liability Coverage(s) for which the **Applicant** is applying?
If Yes, please attach an explanation.

Yes No

4. With respect to the Liability Coverage(s) being applied for above, if the Requested Limit in Column (B) exceeds the Expiring Limit in Column (E), please answer the following question:

Solely with respect to any higher limits requested or that may ultimately be issued for the proposed insurance, is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Liability Coverage for which the **Applicant** is applying?
If Yes, please attach an explanation.

Yes No

*With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the **Applicant** had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.*

KIDNAP AND RANSOM COVERAGE

Requested Kidnap and Ransom Coverage	Effective Date	Requested Limit	Requested Retention
Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	\$

Expiring insurer: _____ Expiring premium: \$ _____

BOND COVERAGE

Requested Bond Coverage	Effective Date	Expiring Insurer	Expiring Premium
Yes <input type="checkbox"/> No <input type="checkbox"/>			\$

5. If Yes, complete the following table or submit a copy of current bond, declarations and all endorsements:

Desired Bond Coverage	Requested Limit	Requested Deductible
Fidelity Employee Dishonesty <input type="checkbox"/> Including <input type="checkbox"/> Excluding Contract EDPs Trading Loss ERISA Restoration Expenses	\$ \$ \$ \$	\$ \$ \$0 \$
On Premises	\$	\$
In Transit	\$	\$
Forgery or Alternation	\$	\$
Securities <input type="checkbox"/> Including <input type="checkbox"/> Excluding Loan Participation	\$	\$
Kidnap and Ransom	\$	\$
Counterfeit Money and Counterfeit Money Orders	\$	\$
Claim Expense	\$	\$
Indemnity for Injury or Death of Directors or Employees For Injury of Directors or Employees	Maximum weekly payment of \$500 to any one Director or Employee not to exceed total payments of \$10,000	\$0
For Death of Directors or Employees	\$10,000	\$0
Servicing Contractors (number of) <# of SC>	\$	\$

Automated Teller Machines (number of ATMs) <# of ATMs> (number of cards – all types) <# of cards>	\$	\$
Transit Cash Letters	\$	\$
Safe Deposit Box (number of boxes) <# of SDBs> (number of locations with boxes) <# of locs> Legal Liability Loss of Customers' Property <input type="checkbox"/> Including <input type="checkbox"/> Excluding Money	\$ \$	\$ \$
Real Property Mortgages – Defective Signatures	\$	\$
Stop Payment Orders or Wrongful Dishonor of Checks	\$	\$
Computer Systems Computer Fraud Fraudulent Instructions Remote Access PBX System Fraud Restoration Expenses	\$ \$ \$ \$	\$ \$ \$ \$
Excess Securities On Premises In Transit	\$ \$	

CYBER COVERAGE

Requested Cyber Coverage	Effective Date	Expiring Insurer	Expiring Premium
Yes <input type="checkbox"/> No <input type="checkbox"/>			\$

6. If Yes, complete the following table for coverages, limits and retentions requested:

Insuring Agreement	Requested Limit	Requested Retention
Network and Information Security Liability (Required)	\$	\$
Communications and Media Liability	\$	\$
Regulatory Defense Expenses	\$	\$
Crisis Management Event Expenses	\$	\$
Security Breach Remediation and Notification Expenses	\$	\$
Computer Program and Electronic Data Restoration Expenses	\$	\$
Computer Fraud	\$	\$
Funds Transfer Fraud	\$	\$
E-Commerce Extortion	\$	\$
Business Interruption and Additional Expenses	\$	Hours:

7. What is the **Applicant's** preference for defense coverage with respect to CyberRisk Insuring Agreements A., B., and C.? Duty to Defend Reimbursement

IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE

Requested Identity Fraud Expense Reimbursement Coverage	Effective Date	Requested Limit		Requested Retention	
Yes <input type="checkbox"/> No <input type="checkbox"/>		\$ 1,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	\$ 0 <input type="checkbox"/>	\$250 <input type="checkbox"/>
		\$ 5,000 <input type="checkbox"/>	\$25,000 <input type="checkbox"/>	\$100 <input type="checkbox"/>	

Expiring insurer: _____ Expiring premium: \$ _____

VI. LOSS INFORMATION

LIABILITY COVERAGES

1. With respect to the Liability Coverages requested in this Application, has any person or entity proposed for this insurance been a party to, or subject of, any administrative or regulatory proceedings or civil or criminal charges, hearings, demands, or lawsuits during the past 3 years, whether or not insured, including any such matter involving securities, security holders, creditors, antitrust or fair trade law, copyright or patent law, ERISA, discrimination, harassment or employment-related matters?

Yes No

If Yes, please complete the table below:

Date of Such Claim	Nature of Claim	Amount Paid for Defense	Amount Sought or Paid for Damages	Covered by Insurance?	Corrective Procedures Implemented	Current Status
		\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>		

To enter more information, please attach a separate page to the Application.

KIDNAP AND RANSOM COVERAGE

2. Has the **Applicant** incurred any kidnap and ransom related losses or incidents during the past 3 years?

Yes No

If Yes, please complete the table below:

Date of Loss/Incident	Amount of Loss	Description of Loss	Corrective Procedures Implemented	Current Status
	\$			
	\$			

To enter more information, please attach a separate page to the Application.

BOND COVERAGE

3. Has the **Applicant** or any proposed insured sustained any bond-related losses, whether or not covered by insurance, in the past 3 years?

Yes No

Include any incident which may lead to the filing of notice or claim with the **Applicant's** current carrier (Include any check kiting losses, whether or not reimbursed, for any occurrence exceeding \$5,000. Occurrence means the total loss or series of losses involving the fraudulent activity of one individual.)

If Yes, please complete the table below and attach a separate sheet if necessary:

Date Discovered	Amount of Loss	Description of Loss	Amount Recovered from Insurance	Corrective Procedures Implemented	Current Status
	\$		\$		
	\$		\$		

CYBER COVERAGE

4. In the past 3 years has the **Applicant**:

a. received any claims or complaints with respect to privacy, breach of information or network security unauthorized disclosure of information, or defamation or content infringement?

Yes No

b. been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation?

Yes No

c. notified consumers or any other third party of a data breach incident involving the **Applicant**?

Yes No

d. experienced an actual or attempted extortion demand with respect to its computer systems

Yes No

5. Is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the insurance policy for which the **Applicant** is applying?

Yes No

If any question is answered Yes, please attach details of each claim, complaint, allegation or incident, including costs, losses or damages incurred or paid, any corrective procedures to avoid such allegations in the future and any amounts paid as a loss under any insurance policy.

With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the **Applicant** had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.

IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE

6. Has the **Applicant** experienced, in the last 3 years, a data theft, data breach, or loss of employee, customer or member information? Yes No
 If Yes please attach an explanation.

B. DIRECTORS AND OFFICERS LIABILITY COVERAGE SECTION

I. SHAREHOLDER INFORMATION

Total Shares	Common	Preferred	Other
Authorized			
Outstanding			
Voting Shares Outstanding			
Voting Shares Owned by Directors and Officers (Direct and Beneficial)			
Number of Voting Shareholders			

If there are multiple classes of stock, please attach a list. The list should include: Number of Shareholders and Number of Shares Held in Each Stock Class.

1. Does the Charter or do the By-laws of the **Applicant** provide indemnification to its Directors and Officers to the fullest extent permitted by law? Yes No
2. Are there any securities that are convertible to voting stock? Yes No
 If Yes, please attach an explanation.

3. List all shareholders that own greater than 5% of any class of security:

Shareholder	Class of Security	% Owned	Director or Officer?
		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
		%	Yes <input type="checkbox"/> No <input type="checkbox"/>

If there are more Shareholders, please attach a list. The list should include: Shareholder Name, Class of Security (including voting and non-voting shares separately), % Owned and indicate if they are a Director or Officer.

4. Is any shareholder a trust that qualified as an Employee Stock Ownership Plan under ERISA or holds securities for the benefit of employees? Yes No
 If Yes, please attach most recent stock valuation report.

II. REQUIRED ATTACHMENTS – DIRECTORS AND OFFICERS LIABILITY

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the **Applicant** or are obtained by the Company from any public source, including the Internet*):

- Most recent quarterly reports of condition and income (Call Reports) of the **Applicant**
- Copy of **Applicant's** most recent Y-6 report, if applicable
- Copy of **Applicant's** most recent annual audit or director's exam and management letter and the **Applicant's** responses to any recommendations made therein
- List of Directors and Officers

"Employment at Will" statement?

Yes No

6. Complete the following chart for guidelines, policies and procedures related to the following:

Guidelines, Policies, Procedures	Formal Written Policy	Employees Sign and Acknowledge Receipt
Workplace Discrimination	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual and Other Workplace Harassment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Equal Employment Opportunity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
FMLA	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Disabled Employees and Accommodations	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Retaliation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reporting, Investigating and Resolving Employee Complaints	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Written Performance Appraisals/Reviews	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hiring/Interviewing	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Discharge/Termination	Yes <input type="checkbox"/> No <input type="checkbox"/>	

7. Are the **Applicant's** employment practices policies, procedures and employee handbook periodically reviewed by an attorney with experience in employment law? Yes No
8. Does the **Applicant** have written policies or procedures outlining employee conduct when dealing with the general public, customers, clients, vendors, or other third parties? Yes No
9. Does the **Applicant** have written policies or procedures for dealing with complaints from the general public, customers, clients, vendors, or other third parties for issues involving harassment? Yes No
10. Does the **Applicant** conduct human resources training on guidelines, policies and procedures for all individuals who handle human resources functions? Yes No
11. Does the **Applicant** conduct training for employees on issues of discrimination and sexual and other workplace harassment? Yes No

III. REQUIRED ATTACHMENTS – EMPLOYMENT PRACTICES LIABILITY

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Most recent annual financial statement of the **Applicant**
- If **Applicant** has 500 or more employees, attach employee handbook
- If **Applicant** has 1,000 or more employees, most recent EEO-1 report
- If **Applicant** layoffs are either 10% of the workforce or more than 100 employees, complete the Downsizing Supplemental Application

D. FIDUCIARY LIABILITY COVERAGE SECTION

I. PLAN DATA

1. Premium to be paid by: Employer: Trust or Plan:
2. Complete the chart for all plans for which coverage is requested:

Full Plan Name	Plan* Type	Current Asset Value	Latest FYE Annual Contributions	Current # of Participants	Plan Status**
		\$	\$		
		\$	\$		
		\$	\$		
* Defined Benefit (DB) Defined Contributions (DC) ESOP (E) Self-Funded Welfare Benefit Plan (W) Other (O) – Attach explanation					
** Active (A) Frozen (F) Sold (S) Terminated (T) – Include date of freeze, sale or termination					

List any additional plans on a separate attachment.

II. PLAN UNDERWRITING QUESTIONS

1. Is each plan reviewed periodically to assure there are no violations of ERISA (e.g., prohibited transactions or party-in-interest rules)? Yes No
If No, please attach an explanation.
2. Does any plan (a) not conform to the standards of eligibility, participation, vesting, blackout notification requirements and other provisions of ERISA or similar foreign law, or (b) hold employer securities or employer real property in violation of ERISA or in excess of ERISA limits? Yes No
If Yes, please attach an explanation.
3. Has any plan (a) been the subject of an investigation by the DOL, IRS, or any similar foreign agency; (b) had its tax exempt status withdrawn or threatened to be withdrawn by the IRS; (c) filed for an exemption from a prohibited transaction; or (d) received an adverse opinion as to its financial condition by an independent public accountant? Yes No
If Yes, please attach an explanation.
4. If any plan is a defined benefit plan, has such plan (a) experienced an event reportable to the PBGC; (b) not been certified by an actuary to be adequately funded in accordance with ERISA's minimum funding standard; or (c) been converted into a cash balance plan or is any such conversion expected in the next 12 months? N/A Yes No
If there are no defined benefit plans, please check "N/A".
If Yes, please attach an explanation.
5. Has any plan (a) been amended within the last 12 months in a way that will result in the reduction of benefits or are any such amendments anticipated within the next 12 months; or (b) been merged with another plan, terminated or sold within the past 2 years or is any such merger, termination or sale anticipated in the next 12 months? Yes No
If Yes, please attach an explanation detailing the implementation, disclosure and any relevant blackout periods.
6. Are there any outstanding or delinquent plan contributions or plan loans, leases or debt obligations that are in default or classified as uncollectible? Yes No
If Yes, please attach an explanation.
7. Does the employer, committee of employer representatives, or union board of trustees have final say over the determination of whether benefits will be paid under any healthcare plan sponsored by the **Applicant**? Yes No
If Yes, please identify the names of such plans in a separate attachment.
8. Does any plan invest in a mutual fund, collective trust or similar investment pool that receives investment management services from the **Applicant** for a fee? Yes No
If Yes, please attach an explanation.
9. Please provide the name(s) of firm(s) providing the following services:

CPA	Attorney	Actuary	Investment Advisor

III. REQUIRED ATTACHMENTS – FIDUCIARY LIABILITY

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Most recent annual financial statement of the **Applicant**
- Plan financial statements for defined benefit plans and self insured welfare plans, if limit requested is greater than \$1,000,000.
- Plan financial statements for each defined contribution plan, if limit requested is greater than \$5,000,000 and/or the plan invests in employer securities
- Employer Securities Supplemental Application, if any plan is an ESOP or if any other defined contribution plan invests in employer securities
- Most recent 5500 of all plans

E. FINANCIAL INSTITUTION PROFESSIONAL LIABILITY COVERAGE SECTION

I. LENDER LIABILITY COVERAGE

Please complete this section only if the **Applicant** is requesting Lender Liability Coverage.

1. Loan reviews are conducted: Monthly Quarterly Annually Other _____
2. The loan review function is performed by: Employees External Firm (specify) _____
3. Indicate if the **Applicant** engages in any of the following:

Description	Current Amount
Out of territory lending greater than 25% of total loans	\$
Loan participations originated by third parties in which the Applicant participates	\$
Loan participations originated by the Applicant , with recourse, in which third parties participate	\$
Construction lending for speculative buildings or homes	\$
Construction lending without firm take-out commitments	\$
Dealer floor planning	\$
Subprime lending	\$
"Payday" lending	\$
Origination of loans solicited by mortgage brokers or other third party loan or lease producers	\$
Origination and sale of loan securitizations	\$

II. PROFESSIONAL SERVICES LIABILITY COVERAGE

Please complete this section only if the **Applicant** is requesting Professional Services Liability Coverage.

1. Provide the following information regarding Professional Services:

Description of Professional Service	Does the Applicant Offer the Described Professional Service? (Yes or No)	Does the Applicant Offer the Described Professional Service through a Third Party Vendor? (Yes or No)	Annual Gross Fee Income or Revenue for the Described Professional Service (include Amounts Generated through a Vendor)
Data Processing Services for Third Parties	<Yes or No> Number of Years Continuously Offered: <# >		Most recent year: \$ Prior year: \$
Insurance Agent or Broker Services in connection with Credit Life, Accident and Disability Insurance	<Yes or No> Number of Years Continuously Offered: <# >		Most recent year: \$ Prior year: \$
Insurance Agent or Broker Services in connection with Life and Health Insurance	<Yes or No> Number of Years Continuously Offered: <# >		Most recent year: \$ Prior year: \$
Insurance Agent or Broker Services in connection with Property and Casualty Insurance	<Yes or No> Number of Years Continuously Offered: <# >		Most recent year: \$ Prior year: \$

Investment Adviser or Financial Planning Services	<Yes or No> Number of Years Continuously Offered: <# >		Most recent year: \$ Prior year: \$
Miscellaneous Consumer Banking Services (including wire transfer services, certified checks, notary services, signature guarantees, safe deposit boxes, but not including loans, leases or extensions of credit)	<Yes or No> Number of Years Continuously Offered: <# >		Most recent year: \$ Prior year: \$
Real Estate Services	<Yes or No> Number of Years Continuously Offered: <# >		Most recent year: \$ Prior year: \$
Security Broker or Dealer Services	<Yes or No> Number of Years Continuously Offered: <# >		Most recent year: \$ Prior year: \$
Loan servicing on behalf of third parties for loans not owned by the Applicant	<Yes or No> Number of Years Continuously Offered: <# >		Most recent year: \$ Prior year: \$

For each Professional Service provided through a third party vendor, as a separate attachment please list the names of such third party vendors and the professional service they provide. If the **Applicant** offers Investment Adviser or Financial Planning Services, or Security Broker or Dealer Services, but does not do so through a third party vendor, complete the corresponding section in the Financial Institution Professional Liability Supplemental Application (FIPL-1300S-SUP).

2. If the **Applicant** offers any Professional Services not described in the table above, please list such services in the following table:
If there is an attachment, check here .

Description of Professional Service and the Number of Years such Service has been Continuously Offered	Does the Applicant Offer the Described Professional Service through a Third Party Vendor? (Yes or No)	Annual Gross Fee Income or Revenue for the Described Professional Service (include Amounts Generated through a Vendor)
		Most recent year: \$ Prior year: \$
		Most recent year: \$ Prior year: \$

3. For all services offered, including any services offered through a third party vendor, are such services rendered under a written contract and are there written policies and procedures that govern their performance and administration? Yes No
If No, please attach full details.
4. For all services offered through a third party vendor, does such third party vendor agree under contract to indemnify, hold harmless, or limit the liability of, the **Applicant** with respect to claims based upon or arising out of such services? Yes No
If No, please attach full details.

5. For all services offered, has the **Applicant** been required to comply with any judicial or administrative agreement, order, decree or judgment, or has any director or officer been alerted to any violations of laws or regulations, in the most recent three years or are any now pending? Yes No
If Yes, please attach full details.

III. TRUST SERVICES LIABILITY COVERAGE

Please complete this section only if the **Applicant** is requesting Trust Services Liability Coverage.

1. Does the **Applicant** have a Trust Department? Yes No
If Yes, please answer question 2 and complete the corresponding section in the Financial Institution Professional Liability Supplemental Application (FIPL-1300S-SUP).
2. Provide the Total Assets under the Trust Department's management for the most recent three years in each respective category below (include consolidated **Applicant** information):

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

*Trust Department has no investment or managerial responsibilities

**Trust Department does not have investment discretion

***Trust Department has investment discretion

IV. REQUIRED ATTACHMENTS

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the **Applicant** or are obtained by the Company from any public source, including the Internet*):

- Most recent annual financial statement
- Copy of the **Applicant's** most recent annual audit or director's exam and management letter and the **Applicant's** responses to any recommendations made therein

F. KIDNAP AND RANSOM COVERAGE SECTION

I. ORGANIZATION INFORMATION

1. Are any operations to be insured involved in the production of foodstuffs, beverages or pharmaceuticals (including toothpaste, mouthwash, etc.)? Yes No
If Yes, please attach an explanation.
2. Does the **Applicant** own or operate, or know of any persons for whom it seeks coverage under this insurance that will work or travel on any ships, vessels, tugs, barges or rigs? Yes No

II. FOREIGN EXPOSURE

Please complete the following questions regarding foreign locations and travel.

1. Do Directors, Officers or other employees of the **Applicant** take trips outside the United States and Canada? Yes No
If Yes, please provide travel information for the previous 12 months and estimates of the upcoming 12 months:

City and Country of Destination	# of Trips	# of Individuals	Average Length of Trips

To enter more information, please attach a separate page to the Application.

2. Are there any permanent foreign locations of the **Applicant**? Yes No
If Yes, please provide both the existing and anticipated foreign locations:

City and Country	Number of Locations	Type of Operation (i.e. Sales, Manufacturing)	Number of Employees

To enter more information, please attach a separate page to the Application.

3. Are steps taken to ensure an Insured Person's safety when traveling outside the United States? Yes No
If Yes, please attach an explanation.
4. Are steps taken to ensure the safety of Insured Persons and Premises permanently located outside of the United States? Yes No
If Yes, please attach an explanation.

G. BOND COVERAGE SECTION

I. PROPOSED ADDITIONAL INSURED (OTHER THAN APPLICANT)*

1. Complete the following table indicating all additional entities for which coverage is requested:

Name of Entity	Description of Operations and Relationship to Applicant

To enter more information, please attach a separate page or an organization chart.

***IMPORTANT NOTE: Receipt of this information does not constitute an agreement that coverage will be provided to the listed entities.**

II. INTERNAL CONTROLS

1. Are charged-off loan entries reviewed by someone independent of the lending function? Yes No
2. Are loan payments, excluding participations, permitted to be made to anyone other than any **Applicant**? Yes No
If Yes, attach full details.
3. If signatures of co-signers are not obtained in the presence of lending personnel, are such co-signers contacted before the loan proceeds are disbursed? Yes No
4. If registered securities are accepted or assigned as security, are they verified directly with the issuer or through its transfer agent before loan proceeds are disbursed? Yes No
5. Are all documents and collateral obtained in conjunction with loans, verified as genuine before loan proceeds are disbursed? Yes No
6. Does any **Applicant** "floor plan" dealers, i.e. autos, boats? Yes No
If Yes, answer the following:
- a. Are physical inventories conducted at least monthly on a surprise basis? Yes No
- b. Are individuals performing floor plan checks rotated? Yes No
7. Does any **Applicant** make loans or leases to customers outside of its normal trade territory? Yes No
If Yes, state aggregate amount. \$ _____
8. Does any **Applicant** make loans or leases to customers using third party loan production offices? Yes No
If Yes, state aggregate amount. \$ _____
9. Does the **Applicant** operate an armored car or cash delivery service for itself or for third parties? Yes No
10. Do employees service or load ATMs or deliver cash to or from branches? Yes No
If Yes, please provide details of exposure, frequency and security procedures
-
11. Are all locations in compliance with the Bank Protection Act of 1968 and its amendments? Yes No
12. Are the posting of the **Applicant's** records performed by persons who do not have sole custody of securities or authorization to execute trades? Yes No

13. a. Are all securities accounts, both for the **Applicant** and its customers, reconciled with brokers', security dealers' or issuing agencies' trade confirmations at least monthly? Yes No
- b. Are said accounts reconciled by someone other than the employee who is authorized to place orders or execute trades? Yes No
14. Are payments of overdrafts approved by an officer or branch manager? Yes No
15. Are the following deposit accounts reviewed monthly for unusual deposit or withdrawal activity? Yes No
- Employee/Officer Accounts Dormant/Inactive Accounts
16. Does the **Applicant** review return items and utilize security software to identify potential check kiting suspects? Yes No
- If not, provide full details of alternative procedure:*
-
17. Does the **Applicant** 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 of alternative procedure:*
-
18. Is there a rule against cashing checks bearing rubber stamp endorsements? Yes No
19. Are tellers prohibited from cashing checks that are drawn to the order of a depositor for employees of that depositor? Yes No
20. Are tellers instructed that they should not cash any official check at the instruction of any officer or employee, unless the payee is in the teller's presence? Yes No
21. Are employee attempts to access information for which they are not authorized reported and reviewed with the employee's supervisor? Yes No
22. Are application system exception reports identifying non-monetary transactions such as changes to due dates, interest rates, interest amounts, account holder names, etc. periodically reviewed? Yes No
23. Does the **Applicant** require service providers who may have access to the **Applicant's** networks or computer systems to demonstrate adequate security policies and procedures? Yes No
24. Are passwords immediately deleted upon the termination of users of applications systems? Yes No
25. Which of the following methods are used to confirm the authenticity of any customer and internal funds transfer requests initiated by telephone, telefacsimile, email or text message:
- a. Passwords or personal identification numbers (PINs)? Yes No
- b. Callbacks to an individual other than the initiating party for corporate funds transfer requests? Yes No
- c. Callbacks to a predetermined telephone number for personal funds transfer requests? Yes No
26. Are all non-recurring or international funds transfer requests verified for authenticity prior to execution? Yes No
- Describe methods used to verify the authenticity of such requests.*
-
27. If repetitive customer initiated funds transfers are established, do procedures for changes or deviations require supervisor approval and appropriate confirmation? Yes No
28. Indicate the dollar amount above which call-back procedures are required:
- Corporate \$ _____ Personal \$ _____
29. Are funds transfer verifications sent to customers daily? Yes No
30. Does the **Applicant** use intrusion detection software to detect unauthorized access to internal networks and computer systems? Yes No
- If so, is immediate investigation required for intrusion incidents?* Yes No

31. Does the **Applicant's** management or an outside vendor conduct penetration testing and vulnerability assessments for internal and external network attacks to identify system vulnerabilities? Yes No
If so, state frequency and who performs such tests. _____

32. Does the **Applicant** send or accept financial transactions intended for deposit, via the use of remote deposit capture technology (e.g. RDC – Remote Deposit Capture)? Yes No

III. REQUIRED ATTACHMENTS

As part of this Application, please submit the following documents:

- Copy of **Applicant's** most recent annual audit or director's exam and management letter and the **Applicant's** responses to any recommendations made therein

H. CYBER COVERAGE SECTION

I. COMPUTER & NETWORK SECURITY

1. What position is responsible for information security? (e.g.: Chief Security Officer) _____
 a. To what position within the organization does this person report? _____

2. With respect to computer systems, does the **Applicant** have (select all that apply):
 Secondary / backup computer system Business continuity plan Disaster recovery plan
 Incident response plan for network intrusions and virus incidents
 If a secondary / backup system is in place, how long before this system is operational? _____

3. Which of the following does the **Applicant** currently have in place (select all that apply):
 Up-to-date, active firewall technology Updated anti-virus software active on all computers and networks
 Patch management procedures Intrusion detection software
 Multi-Factor login for privileged access Valuable / Sensitive Data Backup procedures
 Remote access limited to VPN Procedure to test or audit network security controls

PERSONNEL POLICIES AND PROCEDURES AND VENDOR MANAGEMENT:

4. Is employee training conducted regarding security issues and procedures? Yes No
 5. Is computer access terminated when an employee leaves the company? Yes No
 6. Are procedures in place regarding the creation and periodic updating of passwords? Yes No
 7. Are background checks conducted on prospective employees? Yes No
 8. Are service providers required to demonstrate adequate security policies and procedures? Yes No
 9. Do contracts with service providers include hold harmless and indemnification agreements? Yes No
 10. Does the Applicant currently use a Cloud Service Provider in the course of business operations? Yes No

II. INFORMATION SECURITY

11. Which of the following types of data does the **Applicant** collect, receive, process, transmit, or maintain as part of its business activities?
 Credit/Debit Card Data Medical Information Bank Accounts and Records
 Social Security Numbers Employee/HR Information Intellectual Property of others

12. What is the maximum number of unique individuals for whom you collect, store or process any amount of personal information? _____

13. If applicable, is Applicant currently compliant with Payment Card Industry Data Security Standards (PCI-DSS)? Yes No N/A
- a. Total number of annual credit card transactions: _____
14. If applicable, is **Applicant** currently HIPAA compliant? Yes No N/A
15. Does the **Applicant** encrypt private or sensitive information (if Yes, select all that apply): Yes No
- Data at rest Data in transit Data on mobile devices (e.g. laptops, PDAs, USB drives, etc.)

III. WEBSITE AND CONTENT INFORMATION

16. Does the **Applicant** have a written intellectual property clearance procedure for content disseminated via the **Applicant's** website? Yes No
17. Were any trademarks acquired from others in the past 3 years screened for infringement? Yes No N/A
18. Does the applicant have formal policies or procedures to/for:
- a. Avoid the posting of improper or infringing content? Yes No
- b. Editing or removing controversial, offensive or infringing content from material distributed, or published by or on behalf of the **Applicant**? Yes No
- c. Obtain parental permission for collecting data regarding children who use website? Yes No N/A
- d. Respond to allegations that content created, displayed or published by the **Applicant** is libelous, infringing, or in violation of a third party's privacy rights? Yes No

IV. REQUIRED ATTACHMENTS – CYBER

Most current audited or annual financial statements if annual revenues exceed \$10,000,000 or requested Limit of Liability for Network and Information Security Liability coverage exceeds \$3,000,000.

I. IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE SECTION

I. ORGANIZATION INFORMATION

1. Does the **Applicant** maintain privacy policies pertaining to employee information? Yes No
2. Does the **Applicant** have loss prevention or loss mitigation protocols for addressing a potential information breach? Yes No

II. CONTACT INFORMATION

Contact Name: _____

Email: _____ Phone: _____

J. COMPENSATION NOTICE

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

K. FRAUD WARNINGS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) 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.

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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND 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 such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

L. SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PRESIDENT, CEO, OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY TRAVELERS OF SUCH CHANGES, AND TRAVELERS MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. TRAVELERS IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND TRAVELERS TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, WILL BE THE BASIS OF THE INSURANCE AND WILL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. TRAVELERS WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Signature* of **Applicant's** Authorized Representative
(President or CEO)

Name (Printed)

Title

Date

***IF YOU ARE ELECTRONICALLY SUBMITTING THIS APPLICATION TO TRAVELERS, APPLY YOUR ELECTRONIC SIGNATURE TO THIS FORM BY CHECKING THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX BELOW. BY DOING SO, YOU HEREBY CONSENT AND AGREE THAT YOUR USE OF A KEY PAD, MOUSE, OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES YOUR SIGNATURE, ACCEPTANCE, AND AGREEMENT AS IF ACTUALLY SIGNED BY YOU IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.**

AUTHORIZED REPRESENTATIVE'S ELECTRONIC SIGNATURE AND ACCEPTANCE

M. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE)

Producer Signature

Producer Name (Printed)

Agency Name

Agency Code

License Number