

**APPLICATION
BANKERS PROFESSIONAL
LIABILITY POLICY**

**UNDERWRITTEN IN FEDERAL INSURANCE COMPANY OR
VIGILANT INSURANCE COMPANY**

BANKERS PROFESSIONAL LIABILITY COVERAGE IS WRITTEN ON A CLAIMS-MADE BASIS. EXCEPT AS OTHERWISE PROVIDED, THIS POLICY WILL COVER ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY.

DEFENSE COST PROVISION:

PLEASE NOTE THAT THE DEFENSE COST PROVISION OF THIS POLICY STIPULATES THAT THE LIMITS OF LIABILITY ARE REDUCED OR EXHAUSTED BY THE DEFENSE COSTS. ANY DEDUCTIBLE AMOUNT IS REDUCED OR EXHAUSTED BY DEFENSE COSTS.

A. GENERAL INFORMATION

1. a. Name of Applicant: _____

b. Address of Applicant:

(Street Address)

(City)

(State)

(Zip Code)

2. Name of Agent and Agent's License Number: _____

3. Effective date of requested Coverage: _____

4. Limit of Liability and Deductible Amount:

a. Aggregate Limit of Liability Requested: \$ _____

b. Deductible Amount Requested: \$ _____

5. Provide the following information regarding the Applicant's current insurance program:

	Limit	Deductible	Premium	Carrier	Term
Errors & Omissions:					
a. Trust Dept. E&O	_____	_____	_____	_____	_____
or					
b. Bankers Professional Liability	_____	_____	_____	_____	_____
Directors & Officers Liab.	_____	_____	_____	_____	_____
Blanket Bond	_____	_____	_____	_____	_____
General Liability	_____	_____	_____	_____	_____

B. SERVICES

Is the Applicant or any of its Subsidiaries currently offering or planning to offer any of the following Financial Services?

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 1. | Trust Department Functions?
If yes , complete Supplemental Application A | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | Data Processing Services?
If yes , complete Supplemental Application B | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | Insurance Agent/Agency?
If yes , complete Supplemental Application C | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | Investment Adviser/Counselor/Manager?
If yes , complete Supplemental Application D | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. | Lending or Leasing Services?
If yes , complete Supplemental Application E | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. | Pension Fund Management?
If yes , complete Supplemental Application F | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. | Proprietary Mutual Funds?
If yes , complete Supplemental Application G | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. | Real Estate Agency?
If yes , complete Supplemental Application H | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. | Securities Broker/Dealer?
If yes , complete Supplemental Application I | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. | Wire Transfer Services?
If yes , complete Supplemental Application J | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. | Other Financial Service?
If yes , complete Supplemental Application K | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

C. AUDITING PRACTICES

1. a. Provide the dates of the last regulatory examinations along with the name of the examining agency for the Applicant and each subsidiary. (If necessary, attach separate sheet).
- Dates of last examination: _____
- Name of Examining Agency: _____
- b. Have all recommendations or criticisms of the last examination been complied with as respects the Applicant and subsidiaries? YES NO
- If no**, please provide, on a separate sheet, full details.
2. Has the Applicant or any subsidiary ever received a cease and desist order from any regulatory agency or entered into any other type of written agreement with a regulatory agency concerning the operation of the Applicant or subsidiaries? YES NO
- If yes**, please provide, on a separate sheet, full details.
3. Does the Applicant have an Internal Audit Department? YES NO
- If yes**, how many full-time employees are in the Internal Audit Department? _____

4. Does the Applicant have a Compliance Department? YES NO

If yes, how many full-time employees are in the Compliance Department? _____

5. How often does the Board of Directors review the following?

a. Claim Activity: _____

b. Financial Statements of the Applicant: _____

c. Insurance Coverages: _____

d. Investment Activities: _____

e. Threatened or Actual Litigation: _____

6. a. Are there established procedures for handling complaints or suits against the Applicant for errors and omissions? YES NO

If yes, please attach separate sheet describing procedures.

b. Have there been any changes in these procedures in the past year? YES NO

c. How often are these procedures reviewed and analyzed? _____

d. Who is the senior person responsible for monitoring and assessing all such complaints and suits?

Name of Officer: _____ Title: _____

D. PAST ACTIVITIES

1. Has the Applicant, its subsidiaries or its Directors and Officers been involved in or have any knowledge of any fact or circumstance which may give rise to a claim under the proposed Policy involving the following:

a. Any antitrust, copyright, patent litigation or trademark infringement? YES NO

b. Any civil or criminal action or administrative proceeding involving a violation of any federal or state security law or regulation? YES NO

c. Any civil or criminal action or administrative proceeding involving a violation of any federal or state antitrust or Fair Trade Law? YES NO

d. Any representative actions, class actions, or derivative suits? YES NO

If yes to any of the above, please provide, on a separate sheet, full details.

Pertaining to Question 1, it is agreed that if the undersigned or any Director or Officer proposed for this insurance has any knowledge of any such fact or circumstance, any claim arising therefrom shall be excluded from coverage under the proposed insurance.

2. Have there been during the past 5 years, or are there now pending, any suits, claims or proceedings against the Applicant or any of its Subsidiaries, or any of their past or present directors, officers, employees, or any predecessors in business that would be related to the proposed insurance? YES NO

If yes, please provide, on a separate sheet, full details.

Pertaining to Question 2, it is agreed that any claim arising from such suits, claims or proceedings is excluded from the proposed coverage.

3. Is the undersigned or any Director or Officer proposed for this insurance aware of any fact, circumstance, situation or wrongful act involving the Applicant, its Subsidiaries or the Directors or Officers of the Applicant or its Subsidiaries which he has reason to believe might result in any future claim which would fall within the scope of the proposed insurance?

YES NO

If yes, please provide, on a separate sheet, full details.

Pertaining to Question 3, it is agreed that if the undersigned or any Director or Officer proposed for this insurance is aware of any such fact, circumstance, situation or wrongful act, any claim subsequently arising therefrom shall be excluded from coverage under the proposed insurance.

E. OTHER INFORMATION

Please attach the following Applicant information with this completed APPLICATION:

1. Latest C.P.A. Management Letter and Response.
2. Latest Annual Report to Stockholders; including Audited Financial Statements.
3. Copies of all promotional material distributed in connection with each service offered.
4. Any Supplemental Application completed in conformance with Section B. SERVICES, including any specimen contract applicable to each service offered.

The undersigned persons declare that to the best of their knowledge the statements set forth herein in all sections of the Application and in any attachments to this APPLICATION are true and correct, and that every reasonable effort has been made to obtain sufficient information from all persons proposed for the insurance to facilitate the proper and accurate completion of this APPLICATION. The undersigned further agree that, if between the date of this APPLICATION and the effective date of this Policy (1) any material change in the condition of the Applicant is discovered or (2) there is any material change in the answers to the questions contained herein, either of which would render this APPLICATION inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately, and, if necessary, any outstanding quotation may be modified or withdrawn.

The signing of this APPLICATION does not bind the undersigned on behalf of the Applicant to purchase the insurance, but it is agreed by the Applicant and all persons proposed for this insurance that the particulars and statements contained in this APPLICATION and the attachments and materials submitted with this APPLICATION (which shall be retained on file by the Company and shall be deemed attached to the Policy, if insurance is provided, as if physically attached thereto) are true and correct and will be the basis of the Policy and will be considered as incorporated in and constituting a part of the Policy. It is further agreed by the Applicant, and all persons proposed for this insurance, that such particulars and statements are material to the decision to provide this insurance and that any Policy will be issued in reliance upon the truth of such particulars and statements.

PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF THE COMPANY AND LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR COVERAGE. AGENTS AND BROKERS ARE NOT AUTHORIZED TO BIND COVERAGE. NO COVERAGE SHALL BE PROVIDED UNLESS THE COMPANY ACCEPTS THE APPLICATION AND BINDS THE COVERAGE.

False Information:

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

False Information (Florida Only):

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.

False Information (Louisiana Only):

Any person who, knowingly and with intent to deceive any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

False Information (New York Only):

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, for the purpose of misleading, or conceals information concerning any material fact 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.

False Information (Pennsylvania Only):

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.

False Information (Oklahoma Only):

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.

False Information (Oregon Only):

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information containing any material fact thereto, may be guilty of fraud.

Company

Signature of Chief Executive Officer
(or other Senior Officer if the Chief Executive
Officer is also the Chairman, Board of Directors)

Signature of Chairman, Board of Directors

Date

A policy cannot be issued unless the APPLICATION is properly signed and dated by the Chief Executive Officer (or other senior officer if the Chief Executive Officer is also the Chairman, Board of Directors) and the Chairman, Board of Directors.

Note: This APPLICATION and all attachments shall be treated in strictest confidence.

**SUPPLEMENTAL APPLICATION PART A
BANKERS PROFESSIONAL
LIABILITY POLICY**

A. TRUST DEPARTMENT FUNCTIONS

Name of Applicant: _____

Name of Agent and Agent's License Number: _____

Year Trust Department functions established or purchased: _____

Section I – Asset Distribution

1. With respect to all accounts in the Trust Department, please provide the following (include consolidated information for the Applicant and all subsidiaries):

	<u>No. of Accounts</u>	<u>Market Value of Assets (in Thousands)</u>	<u>Managed / Discretionary</u>	<u>Advisory / Non- Discretionary</u>	<u>Custodial</u>
Individual Accounts Trusts, Estates (excluding ERISA)	_____	\$ _____	_____ %	_____ %	_____ %
ERISA Accounts:					
HR-10 and IRA Plans	_____	\$ _____	_____ %	_____ %	_____ %
Non-ERISA Pension Plans	_____	\$ _____	_____ %	_____ %	_____ %
Other Institutional	_____	\$ _____	_____ %	_____ %	_____ %
Other	_____	\$ _____	_____ %	_____ %	_____ %
TOTAL	_____	\$ _____	_____ %	_____ %	_____ %
Corporate Trust:					
Trustee under Bond Indenture	_____	\$ _____	_____ %	_____ %	_____ %
Fiscal Agent	_____	\$ _____	_____ %	_____ %	_____ %
Sinking Fund Agent	_____	\$ _____	_____ %	_____ %	_____ %
Escrow Agent	_____	\$ _____	_____ %	_____ %	_____ %
Transfer Agent	_____	\$ _____	_____ %	_____ %	_____ %
Registrar	_____	\$ _____	_____ %	_____ %	_____ %
Dividend Disbursing Agent	_____	\$ _____	_____ %	_____ %	_____ %
All Other	_____	\$ _____	_____ %	_____ %	_____ %
TOTAL	_____	\$ _____	_____ %	_____ %	_____ %
Mutual Funds:					
Custodian	_____	\$ _____	_____ %	_____ %	_____ %
Transfer Agent	_____	\$ _____	_____ %	_____ %	_____ %
Registrar	_____	\$ _____	_____ %	_____ %	_____ %
Dividend Disbursing Agent	_____	\$ _____	_____ %	_____ %	_____ %
All Other	_____	\$ _____	_____ %	_____ %	_____ %
TOTAL	_____	\$ _____	_____ %	_____ %	_____ %

2. For each Common Trust Fund that the Applicant sponsors, provide the following:

<u>Name</u>	<u>Fund Objective</u>	<u>Most Recent Market Value Assets</u>	<u>Most Recent Book Value Assets</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
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: \$ _____

Section II – Securities Processing and Investments

- 1. a. Please provide, on a separate sheet, full details describing and naming the trust accounting system(s) in use (if different systems are in use at different subsidiaries, so indicate).
- b. Provide the installation date(s) of the current trust accounting system(s):
- c. Does the Applicant plan to install a new trust accounting system in the next 18 months? YES NO

2. Does the Applicant perform management or advisory functions with respect to:

Total Value of Assets

- a. Closely-held Businesses? \$ _____
- b. Farms and Ranches? \$ _____
- c. Other Real Estate? \$ _____
- d. Mergers, Acquisitions, or Takeovers? \$ _____
- e. Oil, Gas, or Other Mineral Leases? \$ _____
- f. Timber Interests? \$ _____

If yes, please provide, on a separate sheet, the policies and procedures which govern each activity.

3. Does the Applicant's investment division recommend or provide any of the following specialty investments:

- a. Below Investment Grade Bonds? YES NO
- b. Cattle Trusts or Ventures? YES NO
- c. Commodity or Other Futures? YES NO
- d. Precious Metals? YES NO
- e. Mortgages, Mortgage Pools, or Other Mortgage-Backed Securities? YES NO
- f. Oil/Gas Leases or Investments? YES NO
- g. Covered Call Options? YES NO
- h. Option Contracts or Futures? YES NO
- i. General Limited Partnerships? YES NO
- j. Real Estate? YES NO
- k. Foreign Securities (Domestic Exchange)? YES NO
- l. International Securities (Non-Domestic Stock Exchange)? YES NO
- m. Over-the-Counter Securities? YES NO
- n. Restricted Securities? YES NO

If yes, please provide, on a separate sheet, the policies and procedures which govern each specific investment area.

4. Does the Applicant have an approved list of securities in which assets held by the Trust Department may be invested? YES NO
5. a. Does the Applicant enter into any repurchase/reverse repurchase agreements, securities lending agreements, and/or other similar type of transactions that involve the assets of any trust, investment management, or custodial account? YES NO
- b. **If yes**, does the Trust Department obtain the clients' written authorization to enter into these transactions? YES NO
- c. If the answer to 5.a. above is yes, please attach the following?
- (1) The Applicant's policies for approval of transactions.
 - (2) Procedures for approving Broker/Dealers and other institutions.
 - (3) A list of dollar amounts outstanding and the name(s) of the Broker/Dealer(s) or other institution(s).
 - (4) The procedures used to monitor and account for collateral in these transactions.
6. a. Do the Applicant's commercial departments underwrite or participate in the underwriting of debt securities? YES NO
- b. Does the Trust Department serve as trustee for any debt securities underwritten by the Applicant's commercial departments? YES NO

If yes, please provide the following:

- (1) Number of issues: _____
- (2) Total amount of debt outstanding: \$ _____
- c. Does the Applicant serve as trustee for any debt underwritten by other institutions and issued by any:
- (1) governmental or quasi-governmental entity? YES NO
 - (2) Private or public corporation? YES NO

If yes is indicated in response to either of these questions, complete the following section:

	<u>Governmental or Quasi-Governmental Entity</u>	<u>Private or Public Corporation</u>
(1) Number of issues:	_____	_____
(2) Total amount of debt outstanding:	\$ _____	\$ _____
(3) Number of issues rated by Moody's or Standard & Poor's	_____	_____
(4) Number of issues in default:	_____	_____
(5) Amount of debt outstanding for issues in default:	\$ _____	\$ _____
(6) Number of issues supported by a letter of credit, credit line, or some other form of credit support:	_____	_____

If this support is provided by Applicant or an affiliate, please indicate:

(a) Total number of issues: _____

(b) Total amount of debt outstanding: \$ _____ \$ _____

(7) Number of issues backed by municipal bond or financial guaranty insurance: _____

(8) Number of issues backed by federally guaranteed mortgages: _____ N/A

(9) Number of multi-family housing issues backed by municipal bond insurance: _____ N/A

d. Does the Applicant have a special unit to administer accounts where it is acting as trustee for debt securities? YES NO

If yes, provide an organizational chart of the unit.

e. Does the Applicant have a special team to handle “defaults” or troubled accounts? YES NO

If yes, please provide, on a separate sheet, full details describing the organization of the team and its procedures.

f. Please provide, on a separate sheet, full details describing the procedures followed to monitor the call provisions for any debt or equity security for which the Applicant acts as trustee or registrar.

Section III – Fiduciary Activities

1. When the Applicant succeeds another bank, entity, or person as trustee, is a hold harmless agreement executed in the Applicant’s favor? YES NO

If no, please provide, on a separate sheet, full details describing how the Applicant protects itself from liabilities of the predecessor trustee.

2. a. Does the Applicant control 5% or more of the stock of any corporation via its trust functions? YES NO

If yes, please provide, on a separate sheet, a listing and the percentage held of each corporation.

b. Is the Applicant involved in the management or actual operation or any of the corporations listed in 2.a. above? YES NO

c. Does any Director, Officer or employee of the Applicant act in the capacity of Director or Officer of any of the corporations listed in 2.a. above? YES NO

If yes, please provide, on a separate sheet, the names of the corporation, the names of the individuals holding the positions, and the positions held.

It is agreed that coverage is not provided under this Policy for the outside positions or corporations listed in conjunction with the above question.

Section IV – Business Operations

1. a. If the Applicant is a multi-bank holding company, are trust powers exercised by more than one subsidiary? YES NO

If yes, please describe on a separate sheet, the policies and procedures the holding company utilizes to coordinate and control trust functions, including Board oversight at the holding company level.

- b. Please attach an organizational chart.
- c. Have there been any changes in senior management of the Applicant's Trust Department within the past year? YES NO

If yes, please provide, on a separate sheet, full details.

- d. Does the Applicant employ full-time in-house legal counsel who is dedicated solely to providing legal advice to the Applicant's Trust Department? YES NO

If no, please provide the name(s) and address(es) of the outside law firm acting as trust counsel:

- e. Before accounts are accepted, does the law firm or internal counsel review:
 - (1) Personal trust documents? YES NO
 - (2) Corporate trust documents? YES NO

If no, please provide, on a separate sheet, the review procedures.

- 2. How often are statements and accountings rendered to clients?

 Please attach a sample statement.

- 3. Has the Applicant discontinued any trust functions within the past 12 months or does it intent to do so within the next 12months? YES NO

If yes, please provide, on a separate sheet, full details.

- 4. a. Does the Trust Department have its own Compliance Officer? YES NO

If yes, what percentage of the Officer's time is spent on the compliance function? _____ %

If no, please provide, on a separate sheet, a description of how this function is accomplished.

- b. To whom and with what frequency does your Compliance Officer provide formal findings? _____

- 5. a. State the dates of the most recent internal, external, and regulatory audits of Trust Department and Common Trust Funds:

	Trust Department	Common Trust Funds
	Latest Audit	Latest Audit
Internal	_____	_____
External	_____	_____
Regulatory	_____	_____

- b. Were any recommendations or criticisms made in the most recent audits in the following categories:
 - (1) Internal? YES NO
 - (2) External? YES NO
 - (3) Regulatory? YES NO

If yes regarding any category, please provide, on a separate sheet, a copy of the recommendations or criticisms.

c. Have all recommendations or criticisms been corrected:

- (1) Internal?
- (2) External?
- (3) Regulatory?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If no, please provide, on a separate sheet, full details.

6. As part of this Supplemental Application, please submit the following with respect to the Applicant (if n/a, please indicate):

- a. Latest Independent Audit Report of trust functions.
- b. Latest Annual Report for each Common Trust Fund.
- c. Latest Internal Audit Report of trust functions and any written response thereto.
- d. Copy of Applicant's current Trust Department E&O or Bankers Professional Liability Policy.
- e. Latest Annual Report of Trust Assets filed with the FDIC, OTS or OCC for each Bank (if a multi-bank holding company).

Signature _____

Title _____

Date _____

**SUPPLEMENTAL APPLICATION PART B
BANKERS PROFESSIONAL
LIABILITY POLICY**

B. DATA PROCESSING SERVICES

1. Name of Applicant: _____
2. Name of Agent and Agent's License Number: _____
3. Year service established or purchased: _____
4. Indicate the types of business services provided, and the annual income from each type:

	<u>Type</u>	<u>Yes/No</u>	<u>Annual Fees</u>
a.	Accounting	_____	_____
b.	Payroll	_____	_____
c.	Accounts Pay/Rec.	_____	_____
d.	Cost/Gen. Acct.	_____	_____
e.	Management Reporting	_____	_____
f.	Other (Please provide, on a separate sheet, full details)	_____	_____
	TOTAL FEES		_____

5. Indicate the types of data services provided and percentage of data processing revenue derived from each:

	<u>Type</u>	<u>Yes/No</u>	<u>% of Processing Revenue</u>
a.	Check Processing	_____	_____
b.	Data Storage	_____	_____
c.	Data Entry	_____	_____
d.	Data Collection	_____	_____
e.	Data Processing	_____	_____
f.	Other (Please provide, on a separate sheet, full details)	_____	_____

6. Does the Applicant have a comprehensive disaster recovery plan? YES NO

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

If no, please provide, on a separate sheet, full details describe the procedures in place for disaster recovery.

7. 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

8. Do clients have contractual responsibility for determining the accuracy of results? YES NO

9. Is this service rendered under a contract? YES NO

If yes:

- | | | | |
|----|---|------------------------------|-----------------------------|
| a. | Are all contracts approved by counsel? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. | Do all contracts provide indemnity and/or limitations to the Applicant's liability? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. | Please provide a copy of a standard contract. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If no, please provide, on a separate sheet, full details describing how the Applicant protects itself from liability.

Signature _____
 Title _____
 Date _____

**SUPPLEMENTAL APPLICATION PART C
BANKERS PROFESSIONAL
LIABILITY POLICY**

C. INSURANCE AGENT/AGENCY

1. Name of Applicant: _____
2. Name of Agent and Agent's License Number: _____
3. Year service established or purchased: _____
4. Total Number of Staff:
 - a. Licensed Agents _____
 - b. Licensed Brokers _____
 - c. Licensed Consultants _____
 - d. Series & (NASD) _____
 - e. CSR's _____
 - f. All Other Employees _____
5. Total Number of Offices from which the Applicant transacts this business: _____
6. List the types of insurance or other service which the Applicant currently offers and the volume of each line during the last 12 months.

<u>Type</u>			<u>12 Month Volume</u>	<u>Income</u>
a. Health	<input type="checkbox"/>	YES	<input type="checkbox"/> NO	\$ _____
b. Disability	<input type="checkbox"/>	YES	<input type="checkbox"/> NO	\$ _____
c. Accident	<input type="checkbox"/>	YES	<input type="checkbox"/> NO	\$ _____
d. Credit Life	<input type="checkbox"/>	YES	<input type="checkbox"/> NO	\$ _____
e. Other Life	<input type="checkbox"/>	YES	<input type="checkbox"/> NO	\$ _____
f. Annuities	<input type="checkbox"/>	YES	<input type="checkbox"/> NO	\$ _____
g. Home Owners	<input type="checkbox"/>	YES	<input type="checkbox"/> NO	\$ _____
h. Commercial P&C	<input type="checkbox"/>	YES	<input type="checkbox"/> NO	\$ _____
i. Professional Liability	<input type="checkbox"/>	YES	<input type="checkbox"/> NO	\$ _____
j. Insurance Consulting	<input type="checkbox"/>	YES	<input type="checkbox"/> NO	\$ _____
k. Loss Control	<input type="checkbox"/>	YES	<input type="checkbox"/> NO	\$ _____
l. Claim Services	<input type="checkbox"/>	YES	<input type="checkbox"/> NO	\$ _____
m. Investments	<input type="checkbox"/>	YES	<input type="checkbox"/> NO	\$ _____
n. Other	<input type="checkbox"/>	YES	<input type="checkbox"/> NO	\$ _____

Does the Applicant expect any material change(s) in the list above within the next 18 months? YES NO

If yes, please explain, on a separate sheet.

7. Does the Applicant solicit business only from Applicant customers? YES NO

If no, please describe, on a separate sheet, the Applicant's marketing strategies, e.g., direct mail, advertising, etc.

8. Is any underwriting authority maintained within these operations? YES NO

If yes, please describe, on a separate sheet, the product line and authority.

9. Please provide, on a separate sheet, insurance companies and their Best's Ratings for which the Applicant is authorized to act as agent or broker.

Signature _____

Title _____

Date _____

**SUPPLEMENTAL APPLICATION PART D
BANKERS PROFESSIONAL
LIABILITY POLICY**

D. INVESTMENT ADVISER/COUNSELOR/MANAGER

1. Name of Applicant: _____
2. Name of Agent and Agent's License Number: _____
3. Year service established or purchased: _____
4. Exclusive of your Trust Department indicate the number of accounts for which investment advice is provided 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? _____
5. Are services provided for:

a. Individuals?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
b. Corporations?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
c. Charitable Institutions/Foundations?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
d. Applicant's or an affiliated Trust Department?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
e. Mutual Funds?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
f. ERISA?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
6. Do customers complete a questionnaire or other written document which clearly identifies and states the customer's investment objectives? YES NO
7. Does the Applicant recommend investment areas other than commonly traded securities? YES NO

If yes, please provide, on a separate sheet, full details describing the specialty area, state its percentage and total investment assets, objectives of investment and geographic locations, if applicable.
8. Is this service rendered under a contract? YES NO

If yes:

a. are all contracts approved by counsel?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
b. do all contracts provide indemnity and/or limitations to the Applicant's liability?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
c. please provide a copy of a standard contract.				

If no, please provide, on a separate sheet, full details describing how the Applicant establishes customer expectations for service.
9. Please provide, on a separate sheet, full details describing professional qualifications of individuals involved in providing this service or Form ADV, if applicable.
10. Who is the Compliance Officer charged with monitoring your investment management function?

Signature _____
Title _____
Date _____

**SUPPLEMENTAL APPLICATION PART E
BANKERS PROFESSIONAL
LIABILITY POLICY**

E. LENDING OR LEASING SERVICES

1. Name of Applicant: _____
2. Name of Agent and Agent's License Number: _____
3. Year service established or purchased: _____
4. Please attach a copy of the most recent itemized summary describing the type and volume of loans and leases as presented to the Board of Directors.
5. Is there a formal lending policy (adopted by the Board of Directors) addressing all types of loans and leases in which the Applicant participates? YES NO
If no, please describe full details on a separate sheet.
6. Does your formal lending policy describe minimum documentation standards for each type of loan or lease in which the Applicant participates? YES NO
If no, please describe, on a separate sheet, full details.
7. Who is charged with the responsibility of monitoring the Applicant's lending function?

8. Is there a loan committee? YES NO
If no, please describe, on a separate sheet, the loan review process.
9. Is there an independent credit review function? YES NO
10. Is there an independent function to resolve problem loans? YES NO
11. Is a loan customer required to complete a loan application? YES NO
If no, under what circumstances is a loan application not required?
12. Are all loan declinations notified in writing to the loan or lease customer as to reason(s) for the declination? YES NO
If no, please describe exceptions:

13. Are formal commitment letters provided to all approved loans, leases and/or approved lines of credit? YES NO
If no, please describe exceptions:

14. Have all Internal Audit and Compliance exceptions within the lending and leasing functions been corrected? YES NO
If no, please provide, on a separate sheet, full details.

15. Does the Applicant ever become involved in the management of a business of any customer either directly or indirectly? YES NO

If yes, please provide, on a separate sheet, full details.

16. Have all regulatory criticisms as respects lending and leasing services been addressed and corrected to the satisfaction of the Applicant's regulator(s)? YES NO

If no, please provide, on a separate sheet, full details.

Signature _____

Title _____

Date _____

**SUPPLEMENTAL APPLICATION PART F
BANKERS PROFESSIONAL
LIABILITY POLICY**

F. PENSION FUND MANAGEMENT

1. Name of Applicant: _____
2. Name of Agent and Agent's License Number: _____
3. Year service established or purchased: _____
4. For each type of the following services offered by the Applicant, please indicate the number of accounts, total assets, and size of largest account:

<u>Type</u>	<u>No. of Accounts</u>	<u>Total Assets</u>	<u>Size of Largest Account</u>
a. Pension Accounts	_____	_____	_____
b. 401K Plans	_____	_____	_____
c. Thrift Plans	_____	_____	_____
d. ESOP	_____	_____	_____
TOTALS	_____	_____	_____

5. What functions does the Applicant perform for these accounts?

<u>Function</u>	<u>Assets in Category</u>
a. Trustee	_____
b. Plan Administrator	_____
c. Custodian	_____
d. Record Keeper	_____
e. Investment Advisor	_____
f. Transfer Agent	_____
g. Other (please describe)	_____

6. What policies and procedures are followed for monitoring the performance of outside companies/professionals who are involved with the account(s)?

7. Does the Applicant manage a special group of pooled funds for ERISA accounts? YES NO

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

8. Are any assets which the Applicant holds as an ERISA fiduciary invested outside the United States? YES NO

If yes, please indicate Applicant's role:

<u>Assets in Category</u>
Custodian

Investment Manager

9. Are any of the accounts invested in mutual funds managed by other organizations? YES NO

If yes, please indicate the funds, investment manager, and asset size:

<u>Fund Name</u>	<u>Manager</u>	<u>Assets Invested</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Are ERISA accounts managed by a special unit? YES NO

If yes, please indicate the average years of experience of the officers.

11. Is this service rendered under a contract? YES NO

If yes:

- a. are all contracts approved by counsel? YES NO
- b. do all contracts provide indemnity and/or limitations to the Applicant's liability? YES NO
- c. please provide a copy of a standard contract.

If no, please describe, on a separate sheet, how the Applicant protects itself from liabilities.

Signature _____

Title _____

Date _____

**SUPPLEMENTAL APPLICATION PART G
BANKERS PROFESSIONAL
LIABILITY POLICY**

G. PROPRIETARY MUTUAL FUNDS

1. Name of Applicant: _____

2. Name of Agent and Agent's License Number: _____

3. Year service established or purchased: _____

4. a. Please indicate the number of investment companies as defined by the Investment Company Act of 1940 for which services are provided. _____

b. What is the total market value of the assets of these funds? _____

c. What is the value of the assets in the largest fund? _____

d. Please provide a current prospectus for each fund. _____

5. Which of the following services does the Applicant provide?

a. Accounting	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO
b. Custody of Securities	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO
c. Distribution	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO
d. Investment Advice	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO
e. Transfer Agency	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO
f. Valuation	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO
g. Other: _____	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO

6. Does the Applicant staff a separate servicing unit for Mutual Funds? YES NO
If no, please provide a listing of outside service providers:

7. Describe, on a separate sheet, any auditing procedures associated with these services.

8. Is this service rendered under a contract? YES NO

If yes:

a. are all contracts approved by counsel?	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO
b. do all contracts provide indemnity and/or limitations to the Applicant's liability?	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO
c. please provide a copy of a standard contract.					

If no, please describe, on a separate sheet, how the Applicant protects itself from liabilities.

Signature _____

Title _____

Date _____

**SUPPLEMENTAL APPLICATION PART H
BANKERS PROFESSIONAL
LIABILITY POLICY**

H. REAL ESTATE AGENCY

- 1. Name of Applicant: _____
- 2. Name of Agent and Agent's License Number: _____
- 3. Year service established or purchased: _____

4. Real Estate Broker or Agent:

- a. Does the Applicant perform real estate broker or agent functions? YES NO

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

	<u>Number of Properties Sold</u>	<u>Total Value</u>	<u>Total Commissions</u>
(1) Commercial	_____	_____	_____
(2) Residential	_____	_____	_____
(3) Other	_____	_____	_____
TOTALS	_____	_____	_____

- b. Number of employees who are licensed as a real estate broker or agent? _____

5. Real Estate Appraiser:

- a. Does the Applicant perform real estate appraiser functions? YES NO

If yes, provide the following for the past year:

	<u>Number of Appraisals</u>	<u>Fee Income</u>
(1) Commercial	_____	_____
(2) Residential	_____	_____
(3) Other	_____	_____
TOTALS	_____	_____

- b. Number of employees acting as real estate appraisers? _____

- c. 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:

6. **Real Estate Manager:**

Does the Applicant perform real management functions? YES NO

If **yes**, provide the following:

	Number of Properties Managed	Estimated Total Value	Management Fees
a. Commercial	_____	_____	_____
b. Residential	_____	_____	_____
c. Other	_____	_____	_____
TOTALS	_____	_____	_____

7. 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:

8. Does the Applicant require a hazardous waste survey before accepting appointment as manager of properties? YES NO

If **no**, please explain policies and procedures:

9. Are there specific guidelines regarding the maintenance of insurance on managed properties? YES NO

Signature _____

Title _____

Date _____

**SUPPLEMENTAL APPLICATION PART I
BANKERS PROFESSIONAL
LIABILITY POLICY**

I. SECURITIES BROKER/DEALER

1. Name of Applicant: _____
2. Name of Agent and Agent's License Number: _____
3. Year service established or purchased: _____
4. Number of Registered Representatives: _____
5. Name and title of person who has functional responsibility for monitoring compliance of Registered Representatives:

6. Total annual revenue from brokerage commissions: _____
7. Average daily trading volume: _____
8. State percentage of volume of margin account transactions? _____
9. What percentage of accounts are:
Individual _____ Corporate _____ Institutional _____ Other _____
10. a. Name and title of person who has functional responsibility for receiving and resolving customer complaints:

- b. Give number of complaints received in the past three years: _____
- c. How many were unresolved after 60 days? _____
11. State percentage of revenues which are derived from the following:
 - a. Listed Stocks _____
 - b. Unlisted Stocks _____
 - c. Bonds _____
 - d. Unregistered Stocks and Bonds _____
 - e. Commercial Paper _____
 - f. Options Contracts _____
 - g. Commodity Futures _____
 - h. International Securities (non-domestic stock exchange) _____
 - i. Mutual Funds _____
 - j. Limited Partnerships _____
 - k. Direct Private Placements _____
 - l. Market Making/Specialist _____
 - m. Underwriting _____
 - n. Other (please specify) _____
12. a. Does the brokerage operation clear its own trades? YES NO
If no, indicate the name of the broker or clearing agent used:

- b. Is the broker or clearing agent selection reviewed annually? YES NO
 - c. Is there a hold harmless clause in the contract with the broker or clearing agent to protect the Applicant for improperly executed trades? YES NO
 - 13. a. Do clients sign a written brokerage contract with the Applicant's brokerage operation? YES NO
 - b. Does the contract contain an arbitration agreement? YES NO
 - c. If the operation is a discount brokerage, does the contract or other literature given to customers clearly define the firm's responsibility and specifically indicate that no investment advice is to be given? YES NO
 - d. Please provide a copy of a standard contract.
 - 14. a. Does the Applicant have an economic forecasting operation? YES NO
- If yes**, please provide, on a separate sheet, full details describing the types of financial and economic advisory projects performed for customers.
- b. What was the total fee income generated from these forecasting activities during the past year?
-

Signature _____

Title _____

Date _____

**SUPPLEMENTAL APPLICATION PART J
BANKERS PROFESSIONAL
LIABILITY POLICY**

J. WIRE TRANSFER SERVICES

1. Name of Applicant: _____
2. Name of Agent and Agent's License Number: _____
3. Year service established or purchased: _____
4. Please provide the following information about the Applicant's wire transfer services:
 - a. Number of Customers _____
 - b. Average Daily Volume \$ _____
 - c. Typical Highest Dollar Amount \$ _____
 - d. Typical Average Dollar Amount \$ _____
5. Does the Wire Transfer Department maintain customer authorization records which list the individuals in a customer's firm who are approved for wire transfer along with the amounts authorized? YES NO
6. Does the Wire Transfer Department utilize tape recorded conversation verification procedures? YES NO
7. Does the Wire Transfer Department utilize second person call-back verification procedures? YES NO
8. Does the applicant set internal wire transfer authorization levels? YES NO
9. a. Name and title of person who has functional responsibility for receiving and resolving customer complaints:

- b. Give number of complaints received in the past year: _____
- c. How many were unresolved after sixty (60) days? _____

Signature _____

Title _____

Date _____

**SUPPLEMENTAL APPLICATION PART K
BANKERS PROFESSIONAL
LIABILITY POLICY**

K. OTHER FINANCIAL SERVICE

1. Name of Applicant: _____
2. Name of Agent and Agent's License Number: _____
3. Year service established or purchased: _____
4. Please describe in detail the professional service for which coverage is desired:

5. List annual gross receipts and number of clients associated with the service described above:
Receipts _____ Clients _____
6. a. Number of employees engaged in providing the service described above:

- b. Describe their professional qualifications:

7. Is this service rendered under a contract? YES NO
- If yes:**
- a. are all contracts approved by counsel? YES NO
- b. do all contracts provide indemnity and/or limitations to the Applicant's liability? YES NO
- c. please provide a copy of a standard contract.
- If no**, please describe, on a separate sheet, how the Applicant protects itself from liabilities.
8. Please describe any internal auditing procedures with the service described above:

Signature _____

Title _____

Date _____