

FDIC #: _____
LOC #: _____
DATE: _____



AmTrust North America
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Application for Increased Limits or Coverage Enhancements

Security National Insurance Company
(all states except: AZ, CT, DE, FL, LA and NJ)

Wesco Insurance Company
(applies to: AZ, CT, DE, FL and NJ)

AmTrust Insurance Company of Kansas
(LA only)

General Information

Applicant (Parent Company): _____ FDIC #: _____
Address: _____ City: _____ State: _____ Zip Code: _____
P.O. Box: _____ City: _____ State: _____ Zip Code: _____
Telephone: _____ Website: _____

Representative authorized to receive notices on behalf of the applicant and all subsidiaries:

Name: _____ Title: _____ Email: _____

Description of expanded / enhanced coverage:

For purposes of this Application for coverage, "Applicant" means the Parent Company and any Subsidiary listed below, including any limited liability companies and joint ventures for which coverage is desired.

Representation Statement

The undersigned hereby execute this Representation Statement as a part of the Company's Application for an increased Limit of Liability or expanded/enhanced coverage (referenced above).

The undersigned represent that they have no knowledge of any fact, circumstance or situation involving the Company or Insured Persons which could reasonably be expected to give rise to a Claim/loss, other than knowledge of facts, circumstances or situations of which the Company or Insured Persons have already notified the Insurer. It is understood and agreed by the Applicant that the statements in this Representation Statement and any materials submitted therewith are their representations, that they are material and that the Policy/Bond is issued in reliance upon the truth of such representations.

It is understood and agreed that if the undersigned or any director, trustee or officer has knowledge of any fact, circumstance or situation involving the Company or Insured Persons which could reasonably be expected to give rise to a future Claim/loss, that any increased Limit of Liability or coverage enhancement provided in reliance upon this Representation Statement shall not apply to any Claim/loss arising from or in any way involving such facts, circumstances or situations. In addition, any increased Limit of Liability or coverage enhancement provided in reliance upon this Representation Statement shall not apply to any facts, circumstances or situations of which the Insurer has already received notice from the Company or Insured Persons or to any Claim/loss already reported to the Insurer.

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another 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 may be a crime and may subject the person to criminal penalties.

ARKANSAS, LOUISIANA, NEW JERSEY, NEW MEXICO and VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Arkansas and Louisiana, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

TENNESSEE 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 may include imprisonment, fines and/or denial of insurance benefits.

Chief Executive Officer, President or Chairman of the Board:

Print Name: _____ Signature: _____

Title: _____ Date: _____

Chief Financial Officer or Equivalent Officer:

Print Name: _____ Signature: _____

Title: _____ Date: _____

A BOND/POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS SIGNED AND DATED BY TWO INDIVIDUALS:

Agent Name: _____ License Number: _____

Agent Signature: _____

Submit Application to:
banksubmissions@amtrustgroup.com

AmTrust North America
Attention: Financial Institution Division

800 Superior Avenue E., 21st Floor • Cleveland, OH, 44114

Phone: 866.327.6904 • Fax: 216.328.6251

www.amtrustnorthamerica/financial-institutions.com