

# Financial Institutions Renewal Application



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/>.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Directors & Officers Liability | <input type="checkbox"/> Employment Practices Liability       | <input type="checkbox"/> Professional Liability / Lender Liability |
| <input type="checkbox"/> Financial Institution Bond     | <input type="checkbox"/> Network Security & Privacy Liability | <input type="checkbox"/> Combination Safe Depository               |
| <input type="checkbox"/> Fiduciary Liability            |   |  |

THE LIABILITY POLICY THAT MAY BE ISSUED BASED UPON THIS APPLICATION PROVIDES CLAIMS MADE COVERAGE WRITTEN ON A NO DUTY TO DEFEND BASIS. DEFENSE COSTS ARE INCLUDED WITHIN THE LIMIT OF LIABILITY AND REDUCE THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS AND JUDGMENTS AND MAY EXHAUST IT ENTIRELY. PLEASE READ THE POLICY CAREFULLY.

## Section I – General Information

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_ Years in Business: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Contact information of HR Manager or individual responsible for HR function of the Applicant (designated contact for our EPL Helpline / Loss Control Services):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

**If changes to subsidiaries (including limited liability companies and joint ventures), please complete below or by attachment.**

Subsidiary	Parent	Date Established	% Owned	Nature of Business
			%	
			%	
			%	
			%	
			%	
			%	

## Section II – Exposure Changes In the past twelve (12) months

1. Has there been any other material change in the business? ☐ Yes ☐ No
2. Has the asset size and/or revenue size of the Applicant grown by:  
☐ Les than 10% ☐ 10 – 25% ☐ 26 – 50% ☐ Greater than 50%
3. Has there been any changes in controlling ownership of ten percent (10%) or more of the Applicant's stock, or are there any negotiations pending to sell ten percent (10%) or more of the Applicant's stock? ☐ Yes ☐ No
4. Has the Applicant offered any new professional services? ☐ Yes ☐ No
5. Have there been any changes in senior management or the firm's board of directors or managers? ☐ Yes ☐ No
6. Were all weaknesses identified in the most recent Management Letter addressed by the Board of Directors?  
☐ Not Applicable ☐ Yes ☐ No
7. Has the Applicant or any Subsidiary been or, to the best of your knowledge do you anticipate that the Applicant or any Subsidiary will be placed under a Cease and Desist Order, Formal Written Agreement, Consent Order, Supervisory Agreement, Memorandum of Understanding, or similar regulatory agreement? ☐ Yes ☐ No
8. Has the Applicant had any adverse regulatory investigations, complaints or proceedings? ☐ Yes ☐ No
9. Has the Applicant terminated or does the Applicant anticipate terminating (for cause) ten percent (10%) or more of the workforce in the next twelve (12) months? ☐ Yes ☐ No
10. Has the Applicant made any changes to HR policies and procedures? ☐ Yes ☐ No
11. Has the Applicant made any material change to its fiduciary plan offering or added an ESOP, or do they anticipate doing so in the next twelve (12) months? ☐ Yes ☐ No
12. Has there been any other material changes in internal controls by the Applicant? ☐ Yes ☐ No
13. Has the Applicant changed its wire transfer policy or call back thresholds for funds request initiated by telephone, telefacsimile, email or text message? ☐ Yes ☐ No
14. Has the Applicant made any changes to its network security program? ☐ Yes ☐ No

**If Yes to any of the above questions, please attach details.**

## Section III – Pending Litigation

Is the Applicant or any Subsidiary a defendant in any lawsuit which, if the allegations are proven, could materially affect the financial condition of the company? ☐ Yes ☐ No

**If Yes, attach details.**

**Renewal Applicants:** It is understood and agreed that if the undersigned or any insured has knowledge of any fact, circumstance or situation which could reasonably be expected to give rise to a future claim, then any increased limit of liability or coverage enhancement shall not apply to such fact, circumstance, or situation. In addition, any increased limit of liability or coverage enhancement shall not apply to any claim, fact, circumstance or situation for which the Insurer has already received notice.

## 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.

**ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND, VIRGINIA and WEST 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 Alabama, Arkansas, Louisiana, Rhode Island and West Virginia 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:** 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 and may be subject to fines and confinement in prison.

**FLORIDA:** 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 commercial or personal 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.

**KENTUCKY:** 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.

**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.

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

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

**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.

**OKLAHOMA: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

**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 and subjects such person to criminal and civil penalties.

**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.

**VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

## Representation Statement

The undersigned declare that, to the best of their knowledge and belief, the statements in this Application and appendices, any prior Applications, any additional material submitted, and any publicly available information published or filed by or with a recognized source, agency or institution regarding business information for the Applicant for the 3 years prior to the Bond/Policy's inception [hereinafter called "Application"] are true, accurate and complete, and that reasonable efforts have been made to obtain sufficient information from each and every individual or entity proposed for this insurance. It is further agreed by the Applicant that the statements in this Application are their representations, they are material and that the Bond/Policy is issued in reliance upon the truth of such representations.

The signing of this Application does not bind the undersigned to purchase the insurance and accepting this Application does not bind the Insurer to complete the insurance or to issue any particular Bond/Policy. If a Bond/Policy is issued, it is understood and agreed that the Insurer relied upon this Application in issuing each such Bond/Policy and any Endorsements thereto. The undersigned further agrees that if the statements in this Application change before the effective date of any proposed Policy, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately.

### 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: \_\_\_\_\_

### Please provide the following information with your submission:

- Most recent annual report or complete audited financial statement. If not applicable, attach a copy of the recent Director's Examination Report.
- Management letter and applicant's response, if material weakness or deficiencies were noted.

### Submit Application to:

banksubmissions@amtrustgroup.com

### AmTrust North America Attention: Financial Institution Division

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