



Travelers Casualty and Surety Company of America

The term **Applicant** means all entities, and employee benefit plans subject to ERISA, proposed for this insurance.

I. GENERAL INFORMATION

Applicant Information:

Name of **Applicant**: _____

Street Address: _____

City, State, ZIP Code: _____

Expiring Bond Number: _____

II. PROPOSED ADDITIONAL INSUREDS (OTHER THAN APPLICANT)*

Complete the following table indicating all other entities proposed for this insurance:

Name of Entity	Description of Operations (if non-deposit taking) and Relationship to Applicant

To enter more information, 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.**

III. EMPLOYEE/LOCATION/EXPOSURE INFORMATION

1. Number of employees at all locations: _____
Include full time, part time, leased, temporary, volunteer and seasonal workers.

2. Locations:

a. Main Office of the **Applicant** _____ 1

b. All other locations of the **Applicant** _____
Include branches, facilities, loan production offices, mobile branches.

c. Total number of locations: _____
+ _____
= _____

3. Are any of the above locations or employees outside the United States? Yes No
If Yes, attach full details.

4. If coverage is desired for servicing contractors, automated teller machines or safe deposit boxes, provide total number of:

a. Servicing contractors _____

b. Automated teller machines _____

c. Safe deposit boxes _____

d. Locations offering safe deposit boxes _____

IV. ORGANIZATION INFORMATION

1. 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.

- 2. 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.
- 3. 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.
- 4. 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.
- 5. Have any material weaknesses or significant deficiencies been reported in the most recent management letter? Yes No
If Yes, attach a copy of the management letter and management's response.

V. RENEWAL AFFIRMATION/REQUESTED INSURANCE TERMS

- 1. Has the **Applicant** changed or eliminated any of the internal controls set forth in the most recent long form bond coverage application? Yes No
If Yes, attach full details.
- 2. Does the **Applicant** desire any changes to expiring bond coverages, limits of insurance or retentions? Yes No
If Yes, indicate the desired changes.

VI. REQUIRED ATTACHMENTS

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

- Copy of most recent CPA Audit, or Director's Exam (if not filed with the SEC)

VII. COMPENSATION NOTICE

Important Notice Regarding Compensation Disclosure

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, Enterprise Development, One Tower Square, Hartford, CT 06183.

VIII. FRAUD WARNINGS

Attention: Insureds in Alabama, Arkansas, D.C., 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.

Attention: Insureds in 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.

Attention: Insureds in 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.

Attention: Insureds in 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.)

Attention: Insureds in 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.

Attention: Insureds in 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.

Attention: Insureds in 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.

IX. SIGNATURE SECTION

THE UNDERSIGNED OFFICER OF THE APPLICANT (AUTHORIZED REPRESENTATIVE) DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, THE STATEMENTS SET FORTH IN THIS APPLICATION FOR INSURANCE AND MATERIAL SUBMITTED THEREWITH ARE TRUE AND COMPLETE. SUCH APPLICATION AND MATERIALS WILL BE RELIED ON BY TRAVELERS AND BE THE BASIS OF THE INSURANCE. IN NORTH CAROLINA, IF THE BOND APPLIED FOR STATES THAT THE APPLICATION CONSTITUTES PART OF THE BOND, SUCH STATEMENT SHALL NOT APPLY TO THIS APPLICATION. IF ANY INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE BOND, 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.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Signature*: Officer of **Applicant**
(Authorized Representative)

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

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

Producer Signature

Producer Name (Printed)

Agency Name

Agency Code

License Number