

Supplemental Application for Increased Limits for Financial Institution:

as attachment to application SCB004 or SCB005

- **Financial Institution Bond**
Complete questions 1-2
- **Cyber Liability Policy**
Complete questions 26-29
- **Management and Professional Liability Policy**
 - Shared Limit of Liability Complete question 3
 - Directors & Officers Complete questions 4-8
 - Employment Practices Liability Complete questions 9-10
 - Fiduciary Liability Complete questions 11-13
 - Lender Liability Complete questions 14-17
 - Bankers Professional Liability Complete questions 18-21
 - Trust Errors & Omissions Complete questions 22-25

Name of Financial Institution: *List all entities applying for coverage, including all subsidiaries.*

Address: _____

Telephone: _____ Fax: _____ FDIC No: _____ Website: _____

FINANCIAL INSTITUTION BOND INFORMATION

For increased limits on Financial Institution Bond coverages, complete the table of desired coverage on page 6 and answer the following questions:

1. What is the reason for requesting increased limits?

2. Location information. Has there been any change in the following:

_____ Number of Employees

_____ Number of Branches

_____ Number of Locations with Safe Deposit Boxes

_____ Number of Locations with On-Premises ATMs

_____ Number of Limited Service Facilities

_____ Number of Safe Deposit Boxes

_____ Number of Off-Premises ATMs

MANAGEMENT AND PROFESSIONAL LIABILITY AND CYBER LIABILITY INFORMATION

Policy Year Shared Limit of Liability – Complete if an increase in the limit of liability for the Management and Professional Liability policy is requested.

	Current Shared Limit of Liability	Requested Shared Limit of Liability	Effective Date of Change
<input type="checkbox"/> Policy Year Shared Limit of Liability			

3. What is the reason for requesting an increase in the shared limit of liability?

Management Liability (D&O) Information – Complete if an increase in the limit of liability for Management Liability (D&O) coverage is requested.

Please check coverages for which an increase in the limit of liability is requested:	Current Limit of Liability	Requested Limit of Liability	Effective Date of Change
<input type="checkbox"/> A. Insured Persons Liability			
<input type="checkbox"/> B. Financial Institution Indemnification			
<input type="checkbox"/> C. Financial Institution Liability			
C1. IRA/Keogh Liability			
C2. Depositor Liability			
C3. Loss of Sensitive Customer Information			

4. What is the reason for requesting an increase in the limit of liability?

5. Other than retirement or death, have there been any changes in any of the following management positions during the past 3 years? If yes, indicate which position(s). ☐ Yes ☐ No
☐ Chairman of the Board ☐ Chief Executive Officer ☐ President ☐ Chief Information Officer
☐ Senior Operations Officer ☐ Senior Loan Officer ☐ Internal Auditor
6. Has there been any change in the list of shareholders owning more than 10% of shares outstanding? ☐ Yes* ☐ No
7. Has any director or officer in the past 3 years been charged with or convicted of any criminal act or been the subject of any pending criminal investigation? ☐ Yes* ☐ No
8. In the past 3 years has there been or is the Financial Institution or any subsidiary contemplating in the next 12 months any:
a) Merger, consolidation, acquisition, divestiture, securities offering, tender offer? ☐ Yes* ☐ No
b) Listing of shares for sale on any stock exchange, conversion from a mutual to stock ownership or conversion from a bank holding company to a financial services holding company? ☐ Yes* ☐ No
c) Involvement in any bankruptcy, reorganization or arrangement with creditors under federal or state law? ☐ Yes* ☐ No

Employment Practices Liability Information – Complete if an increase in the limit of liability for Employment Practices Liability coverage is requested.

	Current Limit of Liability	Requested Limit of Liability	Effective Date of Change
<input type="checkbox"/> D. Employment Practices Liability D1. Third Party Sexual Harassment			

9. What is the reason for requesting an increase in the limit of liability?

10. In the past 12 months have there been any branch or office closings, layoffs, terminations or reorganizations? ☐ Yes* ☐ No
a) Are any such closings, layoffs, terminations or reorganizations contemplated within the next 12 months? ☐ Yes* ☐ No

Fiduciary Liability Information – Complete if an increase in the limit of liability for Fiduciary Liability coverage is requested.

	Current Limit of Liability	Requested Limit of Liability	Effective Date of Change
<input type="checkbox"/> E. Fiduciary Liability			

11. What is the reason for requesting an increase in the limit of liability?

12. Current total assets of all benefit plans: \$ _____
13. In the past 3 years have there been any benefit plan terminations, plan restructuring or conversions from a defined benefit pension plan to a defined contribution pension plan? ☐ Yes* ☐ No
a) Are any such benefit plan terminations, restructuring or conversions contemplated within the next 12 months? ☐ Yes* ☐ No

Lender Liability Information – Complete if an increase in the limit of liability for Lender Liability coverage is requested.

	Current Limit of Liability	Requested Limit of Liability	Effective Date of Change
<input type="checkbox"/> F. Lender Liability F1. Expanded Lender Liability			

14. What is the reason for requesting an increase in the limit of liability?

** Please provide details by attachment.*

15. During the past 3 years, has any director or officer been made aware of any concentration of credit which warrants reduction or correction or any extension of credit which exceeds the legal lending limit? ☐ Yes* ☐ No
16. In the past 3 years has there been any purchase of individual loans or portfolios of loans originated by other lenders? ☐ Yes* ☐ No
- a) Are any such loan purchases contemplated within the next 12 months? ☐ Yes* ☐ No
17. Does the Financial Institution or any subsidiary participate in Payday or Subprime lending? ☐ Yes* ☐ No

Bankers Professional Liability – Complete if an increase in the limit of liability for Bankers Professional Liability coverage is requested.

	Current Limit of Liability	Requested Limit of Liability	Effective Date of Change
<input type="checkbox"/> G. Bankers Professional Liability G1. Expanded Bankers Professional Liability G2. Insurance Services G3. Broker/Dealer Services			

18. What is the reason for requesting an increase in the limit of liability?

19. Has there been any change in the list of Professional Services offered by the Financial Institution or any subsidiary or is any change contemplated within the next 12 months. ☐ Yes* ☐ No
20. Have any changes been made in the services offered or procedures in place for the offering and administration of Insurance Services? ☐ Yes* ☐ No
21. Have any changes been made in the services offered or procedures in place for the offering and administration of Broker/Dealer Services? ☐ Yes* ☐ No

Trust Errors and Omissions – Complete if an increase in the limit of liability for Trust Errors and Omissions coverage is requested.

	Current Limit of Liability	Requested Limit of Liability	Effective Date of Change
<input type="checkbox"/> H. Trust Errors & Omissions			

22. What is the reason for requesting an increase in the limit of liability?

23. Have any Trust Department functions been discontinued within the past 12 months? ☐ Yes * ☐ No
- a) Is any discontinuation or significant change in the functions of the Trust Department contemplated within the next 12 months? ☐ Yes * ☐ No
24. Has there been any change in the list of corporations in which the Financial Institution or its subsidiaries own 5% or more of the stock via its trust functions? ☐ Yes * ☐ No
- a) If yes, does any director, officer or employee of the Financial Institution or its subsidiaries act in the capacity of director, officer or manager of any above referenced corporation? ☐ Yes * ☐ No

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

25. Does the Financial Institution or any subsidiary plan to change trust accounting systems within the next 12 months? ☐ Yes * ☐ No

Cyber Liability – Complete if an increase in the limits of liability for the Cyber Liability policy coverages is requested.

Please check coverages for which an increase in the limit of liability is requested:	Current Limit of Liability	Requested Limit of Liability	Effective Date of Change
<input type="checkbox"/> A. Internet Liability			
<input type="checkbox"/> B. Intellectual Property			

26. What is the reason for requesting an increase in the limit of liability?

* Please provide details by attachment.

27. Has there been any change in the list of websites owned, managed or operated by the Financial Institution, any subsidiary or any third party vendor or is any change contemplated within the next 12 months? ☐ Yes* ☐ No
28. Have any changes been made in the services offered or procedures in place for the administration of services available through the internet website(s) or is any change contemplated within the next 12 months? ☐ Yes* ☐ No
29. Have any changes been made in the privacy and security controls in place for the maintenance and administration of the internet website(s), for which coverage is provided, or is any change contemplated within the next 12 months? ☐ Yes* ☐ No

LOSSES, PENDING LITIGATION AND CLAIMS HISTORY
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30. Are there any claims or potential claims that have not been reported to the insurer involving the Financial Institution, any subsidiary, or any Insured Person resulting from their activities as such? ☐ Yes* ☐ No

** Please provide details by attachment.*

Documents to be submitted with this supplemental application:

- Details to questions as requested above.
- A list of any new subsidiary organizations and a description of the nature of their operations.
- A description of any changes in the members of the Board of Directors and their outside affiliations.
- A list of any new Employee Benefit Plans sponsored by the Financial Institution or any subsidiary.

REPRESENTATION STATEMENT

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance agree and declare to the best of their knowledge and belief, after reasonable inquiry, the statements in this application, and any additional material submitted, are true and complete, and that reasonable efforts have been made to obtain sufficient information from each and every individual or entity proposed for this insurance to facilitate the proper and accurate completion of this application.

The undersigned authorized agents understand and agree:

- The submission of the application and this supplemental application does not obligate the insurer to extend coverage or grant continuity of coverage. This supplemental application in no way changes the terms and conditions of any bond or policy that may be or have been issued by the insurer pursuant to the application to which this supplement is attached.
- Coverage will not be provided for any service or activity unless listed in the application, an applicable supplemental application, or additional materials and expressly agreed by the insurer.
- If there is any material change in the answers to the questions in the application, this supplemental application, or any attachments, before the policy inception date, the applicant will immediately notify the insurer in writing and any outstanding quotation may be modified or withdrawn.
- If a bond or policy is issued, the insurer relied upon this application, any previous application, any supplemental application and any additional materials submitted in issuing each such bond or policy and any endorsements thereto.
- The application, this supplemental application and its attachments shall be the basis of a contract should a bond or policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such bond or policy.
- The liability policies which may be issued based upon the application, and this supplemental application, provide claims made coverage, which applies only to claims first made during the policy period, or any extended reporting period. The limit of liability to pay loss will be reduced, and may be exhausted, by defense costs, and defense costs will be applied against the retention. In no event will the insurer be liable for defense costs or any other loss in excess of the applicable limit of liability.
- The requested increased limit of liability or coverage enhancement shall not apply to any claim, facts, circumstances or situations for which the insurer has already received notice or that the undersigned or any insured has knowledge of, prior to the effective date of such increase in the limit of liability, which could reasonably be expected to give rise to a future claim.
- The information provided in the application, this supplemental application, and any attachments is for underwriting purposes only and does not constitute notice to the insurer under any policy of a claim or potential claim.

FRAUD WARNING NOTICES

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and civil penalties. In the District of Columbia, Louisiana, Maine and Tennessee, insurance benefits may also be denied.

COLORADO FRAUD WARNING: 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.

HAWAII FRAUD WARNING: For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

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

MINNESOTA FRAUD WARNING: Fraud, material misrepresentation and material omission with the knowledge of the Insured is the only basis for voiding an insurance contract in Minnesota.

NEBRASKA FRAUD WARNING: Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

OHIO FRAUD WARNING: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD WARNING: 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 FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a deceptive insurance act and may be found guilty of insurance fraud by a court of law.

VERMONT FRAUD WARNING: 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.

VIRGINIA FRAUD WARNING: 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.

WASHINGTON FRAUD WARNING: 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.

NEW YORK FRAUD WARNING: 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 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.

THIS APPLICATION MUST BE SIGNED BY (1) THE CHIEF EXECUTIVE OFFICER, PRESIDENT OR CHAIRMAN, AND (2) THE CHIEF FINANCIAL OFFICER OR EQUIVALENT OFFICER, WITH THE UNDERSTANDING AND AGREEMENT THAT, AFTER HAVING READ THE ENTIRE APPLICATION AND REPRESENTATION STATEMENTS, BOTH SUCH INDIVIDUAL SIGNERS ARE ACTING AS THE AUTHORIZED AGENTS OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.

Chief Executive Officer, President or Chairman of the Board:

Print Name:	Signature:	
Title:	Date:	E-mail Address:

Chief Financial Officer or Equivalent Officer:

Print Name:	Signature:	
Title:	Date:	E-mail Address:

Submitted by:

Insurance Agency or Broker Name:	Print Name:	
Street Address:	Signature:	
City, State and Zip Code	Date Submitted:	E-mail Address:

**TABLE OF DESIRED COVERAGE
FINANCIAL INSTITUTION BOND**

<i>Please check coverages for which an increase in the limit of indemnity is requested:</i>	Current Single Loss Limit of Indemnity	Requested Single Loss Limit of Indemnity	Effective Date of Change
<input type="checkbox"/> Basic Bond Coverage Including: (A) Employee Dishonesty (B) Loss Inside the Premises (C) Loss While in Transit (F) Counterfeit Money			
<input type="checkbox"/> (D) Forgery, Counterfeit, Alteration and Fraudulent Instructions <input type="checkbox"/> Unauthorized Signature Coverage			
<input type="checkbox"/> (E) Forgery and Alteration of Securities and Other Instruments <input type="checkbox"/> Loan Participation Coverage			
<input type="checkbox"/> (G) Fraudulent Mortgages, Defective Signatures			
<input type="checkbox"/> (H) Stop Payment Orders or Wrongful Dishonor of Checks Legal Liability			
<input type="checkbox"/> (I) Transit Cash Letters			
<input type="checkbox"/> (J) Automated Teller Machines			
<input type="checkbox"/> (K) Electronic / Computer Systems Fraud <input type="checkbox"/> Telefacsimile, Email and Voice Instruction Transactions <input type="checkbox"/> Electronic Notes Fraud Coverage <input type="checkbox"/> Remote Access Voice Computer System (PBX)Telephone Fraud Coverage			
<input type="checkbox"/> (L) Restoration Costs of Electronic Information			
<input type="checkbox"/> (M) Safe Deposit Box <input type="checkbox"/> (M)(1) Legal Liability of Depository <input type="checkbox"/> (M)(2) Loss of Customers' Property			
<input type="checkbox"/> (N) Kidnap & Extortion Including Cyber Extortion Threats			
<input type="checkbox"/> (O) Check Kiting Fraud			
<input type="checkbox"/> (P) Servicing Contractors			
<input type="checkbox"/> (Q) Employee Benefit Plans(s)			
<input type="checkbox"/> (R) Claims and Audit Expense			