



Application for a Financial Institution Bond, Extended Professional Liability Policy and/or Kidnap and Ransom Policy

**Acquisition of Non-Bank Application**

**Insured:** \_\_\_\_\_

**For the purposes of this application, the term entity being acquired includes all subsidiaries of the entity listed below.**

**Entity being acquired:** \_\_\_\_\_

**Date of acquisition:** \_\_\_\_\_

Please complete the following for the entity being acquired:

Number of employees: \_\_\_\_\_ Number of branches: \_\_\_\_\_ Number of Directors & Officers \_\_\_\_\_

	Yes	No
1. Have there been during the past 5 years or are there now pending, any oral or written demands for monetary damages or non-monetary relief, civil or criminal proceedings, formal civil administrative or regulatory proceedings against the entity being acquired, or any of its directors, officers or employees? If yes, please attach details, including the damages sought and current status. <b>It is agreed that any claim arising therefrom, is excluded from coverage.</b>		
2. Does any Director or Officer of the entity being acquired have knowledge or information of any act, error or omission, which might give rise to a claim under a Directors and Officers Liability Policy, a Professional Liability Policy, an Employment Practices Liability Policy or a Combination Crime Policy or any other type of employee dishonesty coverage? If yes, please provide details. <b>It is agreed that any claim arising therefrom, is excluded from coverage.</b>		
3. Has any Director or Officer of the entity being acquired been charged with or convicted of any criminal act or the subject of pending criminal investigations in the past five years? If yes, please provide details.		
4. Has the entity being acquired suffered a loss in excess of \$50,000 under a Combination Crime Policy or any other type of employee dishonesty coverage in the past five years? If yes, please provide details.		
5. Has the entity being acquired been the subject of any administrative, supervisory or compliance sanction, including any Cease and Desist Order, Memorandum of Understanding or Board Resolution the past five years? If yes, please provide details.		
6. Will the internal controls, policy and procedures of the insured be extended to the entity being acquired? If no, please provide details.		

Please attach the following:

- a. A list of all Directors and Officers of the entity being acquired that will be joining the insured, including their titles.
- b. A copy of the most recent CPA audit of the entity being acquired, the management letter accompanying that audit and responses to any recommendations made.
- c. A list of all subsidiaries being acquired, including the nature of their business.

NOTICE: IN SOME STATES, 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 INSURANCE ACT, WHICH IS A CRIME. REFER TO APPLICATION COMPLETED WITH THE ORIGINAL BOND OR POLICY FOR STATE SPECIFIC FRAUD STATEMENTS TO APPLICANTS.

Date: \_\_\_\_\_

Entity being acquired: \_\_\_\_\_

By: \_\_\_\_\_

Signature & Title