



Interim Anniversary Application – Including Trust

For the purposes of this application, the term you means the parent company or insured and all of its subsidiaries.

Parent Company:		
Street:	City & State:	Zip Code:

	Yes	No
1. Is any merger, acquisition, purchase of assets or assumption of liabilities contemplated? If yes, please attach details, such as stockholders' prospectus, etc.	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you and/or your Trust Department examined by a state, federal or joint authority in the last 12 months? If yes, please provide the ratio of adversely classified assets to equity capital: %	<input type="checkbox"/>	<input type="checkbox"/>
3. Have all criticisms noted in the exam report(s) been addressed by the Board of Directors or Trustees? If no, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you or your Trust Department been the subject of a Cease and Desist order, Memorandum of Understanding, Board Resolution or any similar agreement by any regulatory authority within the last year? If yes, please provide details, including the corrective actions taken.	<input type="checkbox"/>	<input type="checkbox"/>
5. Has there been any change in ownership of 10% or more of your stock in the past year? If yes, please provide details including the new owners' plans for your operations.	<input type="checkbox"/>	<input type="checkbox"/>
6. Has there been any change in your four highest ranking executives or in your Trust Department's officers, other than due to normal retirement, within the last year? If yes, please provide details, including resumes on the new officers.	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any Director or Officer been charged with or convicted of any criminal act or been the subject of a criminal investigation since the last renewal of the Directors and Officers Liability Insurance Policy or Extended Professional Liability Insurance Policy? If yes, please provide full details.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you been involved in sub-prime lending, directly, via a subsidiary or through investing in funds/securities backed by sub-prime loans in the past 5 years? Sub-prime lending includes loans to persons declined by main stream financial institutions, low documentation loans and loans to persons with low credit scores for high interest rates. If yes, please provide details including the size of your sub-prime portfolio or investments, the type of sub-prime loans and the amount of such loans which are past due.	<input type="checkbox"/>	<input type="checkbox"/>
9. Has there been any situation not yet reported to the insurer which may lead to a claim under your Financial Institution Bond, Directors and Officers Liability Insurance Policy or Extended Professional Liability Policy? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
10. Have there been since the last renewal of the Directors and Officers Liability Insurance Policy or Extended Professional Liability Insurance Policy 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 applicant, or any director, officer, employee or other persons proposed for this insurance? If yes, please attach details, including the damages sought and current status. It is agreed that any claim arising therefrom, is excluded from any addition or increase in coverage.	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<p>11. Does any Director or Officer of the applicant have knowledge of or know information about any act, error, omission or situation which might give rise to a claim under Directors and Officers Liability Coverage, Professional Liability Coverage, Employment Practices Liability Coverage, Lender Liability Coverage, Fiduciary Liability Coverage, Electronic Banking Liability Coverage, Electronic Publishing Liability Coverage, Harassment of Third Parties Liability Coverage, Securities Liability Coverage Trust Department Liability Coverage or a Financial Institution Bond? If yes, please attach full details.</p> <p>It is agreed that if such knowledge or information exists, any resulting claims are excluded from any addition or increase in coverage.</p>	<input type="checkbox"/>	<input type="checkbox"/>

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE INSURANCE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE.

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.

Parent Company: _____

By: _____
Signature and Title
Date