



Application for a Midterm Change to a Financial Institution Bond, a Directors and Officers Liability Policy or an Extended Professional Liability Policy

For the purposes of this application, the term applicant means the parent company or insured and all subsidiaries or joint insureds.

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

Please complete a limits request form to indicate the coverage increase or addition desired.

	Yes	No
1. Has there been any change in your four highest ranking executives or in your Trust Department's officers, other than due to normal retirement, since the last renewal of the FI Bond, Directors and Officers Liability Insurance Policy or Extended Professional Liability Insurance Policy? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
2. 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 midterm increase in coverage.	<input type="checkbox"/>	<input type="checkbox"/>
3. 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"/>
4. Is the applicant operating under a Cease and Desist Order, Memorandum of Understanding, Board Resolution or similar agreement with any regulatory agency? If yes, please attach full details on the nature of the order or agreement and plans to comply.	<input type="checkbox"/>	<input type="checkbox"/>
5. 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. It is agreed that if such knowledge or information exists, any resulting claims are excluded from any midterm addition or increase in coverage.	<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 CHANGE, 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 ANY INSURANCE CHANGE.

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.

Applicant: _____

By: _____
Signature and Title Date