405/290-5678 P.O. Box 26104
Oklahoma City, OK 73126

Important Instructions:
All specified account holders must be listed even if previously reported. Failure to list a previously reported specified account holder will void coverage for that specified account holder.

Report of Specified Account Holders as of: _____

Name of Specified Account Holder:	Address including City and State	Account #	Deposit Amount	Individual Limit of Liability

TOTAL _____

It is agreed and understood that coverage is in effect only as to the listed Specified Account Holders and only for the Individual Limit of Liability shown for that Specified Account Holder. Coverage is effective only when the Underwriter receives and agrees to coverage based on this form. It is further agreed that any mid-term adjustment made to an individual limit of liability for a specified account holder must be in increments of at least $50,000.

Name of Bank: _____

_____ _____
Signature of Authorized Representative of Bank and Title Date