



This Form must be completed for each new policy and at each premium anniversary.

APPLICATION FOR A COMBINATION SAFE DEPOSITORY POLICY FOR FINANCIAL INSTITUTIONS

Application is hereby made by _____
(Exact Name of Insured)

Principal Address _____ (herein called Insured)
(No.) (Street) (City) (State) (Zip)

for a **Combination Safe Depository Policy for Financial Institutions** to become effective as of 12:01 a.m. on _____
to 12:01 a.m. on _____ Name of prior carrier _____

1. Complete the following for forms and amounts of coverage desired:

Forms of Coverage	Limits of Insurance
(a) Liability of Depository — Insuring Agreement A	\$ _____
(b) Loss of Customers' Property; Premises Damage — Insuring Agreement B	\$ _____
Including <input type="checkbox"/> or Excluding <input type="checkbox"/> Coverage on Money	
(c) A and B Combined — Single Limit of Insurance	\$ _____
Including <input type="checkbox"/> or Excluding <input type="checkbox"/> Coverage on Money, under B	
Premium payable: Annual <input type="checkbox"/> Three year prepaid <input type="checkbox"/> Three year in equal annual installments <input type="checkbox"/>	

2. Total number of locations with a safe deposit box exposure _____

3. Total number of rented safe deposit boxes at all locations covered _____

4. List locations to be excluded from coverage: _____

5. INTERNAL CONTROLS

- (a) Are all safe deposit box renters identified and their addresses verified? Yes No
- (b) Are master signature cards maintained and compared before each entry by box renter? Yes No
- (c) Are customers permitted in vault only with attendant? Yes No
- (d) Is a permanent record of entry dates and signatures of entrants maintained? Yes No
- (e) Do all boxes require two keys to open? Yes No
- (f) Is it a hard-and-fast rule that customers are never permitted to leave keys at the bank? Yes No
- (g) Are deceased customer rules written and established? Yes No
- (h) Are locks changed whenever a customer's key is lost or box is vacated? Yes No
- (i) When a box is abandoned, entered by court order, or upon death of a box-holder are at least two responsible officials of the depository present to verify and inventory contents? Yes No

6. Has any insurance been declined or cancelled during the past three years? Yes No
If "Yes," explain _____

7. List all losses sustained during the past three years, whether reimbursed or not, from _____ to _____
(month, day, year) (month, day, year)
Check if none

Date of Loss	Amount of Loss	Amount Recovered from Insurance	Amount of Loss Pending	Amount Recovered from other than Insurance	Type of Loss	If Loss occurred at other than Main Office, state location
	\$	\$	\$	\$		

The Insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or any incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any policy issued in reliance upon such information.

Dated at _____ this _____ day of _____, 19 _____

 (Insured) By _____
 (Name and Title)

ALASKA	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
ARIZONA	For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
ARKANSAS	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
CALIFORNIA	For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
COLORADO	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.
DISTRICT OF COLUMBIA	WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
HAWAII	For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.
IDAHO	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
INDIANA	Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
LOUISIANA	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
MAINE	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.
MINNESOTA	Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
NEW HAMPSHIRE	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
NEW MEXICO	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
NEW YORK	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.
OHIO	Any person who, with intent to defraud or knowing that he 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	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	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
PENNSYLVANIA	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 subjects such person to criminal and civil penalties.
TENNESSEE	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.
VIRGINIA	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	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.