

FDIC No. _____

NOTICE: The liability policy which may be issued based upon this application provides claims made coverage and is written on a no duty to defend basis. Defense costs are included within the limit of liability and are subject to any applicable retention. Amounts incurred as defense costs will reduce the limit of liability available to pay judgments or settlements. Please read your policy carefully.

Applicant Name _____

Address _____

City _____ State _____ Zip Code _____

(List all entities applying for coverage including all Subsidiaries)

General Information

Yes No

- | | | | |
|----|--|--------------------------|--------------------------|
| 1. | Does the bank have written agreements in place with all customers who request wire transfers via: | | |
| | a. voice (<i>phone</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. telefacsimile device (<i>fax</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. email | <input type="checkbox"/> | <input type="checkbox"/> |
| | d. online | <input type="checkbox"/> | <input type="checkbox"/> |
| | If Yes , does the agreement specify the names of persons authorized to initiate such transfers? | <input type="checkbox"/> | <input type="checkbox"/> |

If No to any of the questions above, please provide an explanation:

- | | | | |
|----|--|--------------------------|--------------------------|
| 2. | Has the bank established an instruction verification mechanism to be used with these authorized individuals? | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

3. Please complete the table below regarding call-back or other authentication procedures.

	Personal Accounts	Corporate Accounts
Does the bank require an authentication procedure for the following transfers?	If Yes, indicate the dollar amount above which a call-back is required?	If Yes, indicate the dollar amount above which a call-back is required?
	Yes No N/A	Yes No N/A
Voice (<i>phone</i>) initiated transfers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$ _____
Telefacsimile device (<i>fax</i>) initiated transfers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$ _____
E-mail initiated transfers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$ _____

If No or n/a to any of the questions above, please provide an explanation:

General Information *Continued*

	Yes	No
4. Does the bank allow customers to initiate wire transfers online?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , which authentication controls are in place to monitor funds transfer requests initiated online?		
a. User ID and password	<input type="checkbox"/>	<input type="checkbox"/>
b. Device authentication using a cookie	<input type="checkbox"/>	<input type="checkbox"/>
c. Risk profiling using an algorithm that assigns a risk score to each login and transaction based on factors such as location, IP address and size, type and frequency of orders	<input type="checkbox"/>	<input type="checkbox"/>
d. Challenge questions	<input type="checkbox"/>	<input type="checkbox"/>
e. Dollar amount of the order that triggers challenge questions	<input type="checkbox"/>	<input type="checkbox"/>
f. Blacklisting of IP addresses associated with known instances of fraud	<input type="checkbox"/>	<input type="checkbox"/>
g. Out-of-bank authentication or tokens	<input type="checkbox"/>	<input type="checkbox"/>
h. Additional Controls – Please describe:		
5. Does the bank allow international wire transfers?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , are there any additional controls or reviews prior to the execution of the transfer?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , please describe the additional controls or methods used to verify the authenticity of such requests.		
6. If repetitive customer initiated funds transfers are established, do procedures for changes or deviations require supervisor approval and appropriate confirmation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are wire transfer verifications sent to customers daily?	<input type="checkbox"/>	<input type="checkbox"/>
If No , how often are verifications sent?		
8. Does the bank require senior officer approval for wire transfer requests over a specified dollar amount?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , indicate dollar amount: \$ _____		

Representation Statement

The undersigned declare that, to the best of their knowledge and belief, the statements in this application, any prior applications, any additional material submitted, and any publicly available information published or filed by or with a recognized source, agency or institution regarding business information for the Applicant for the 3 years proceeding the Bond/Policy's inception, and any amendments thereto [hereinafter called "Application"] are true, accurate and complete, and that reasonable efforts have been made to obtain sufficient information from each and every individual or entity proposed for this insurance. It is further agreed by the Applicant that the statements in this Application are their representations, they are material and that the Bond/Policy is issued in reliance upon the truth of such representations.

The signing of this Application does not bind the undersigned to purchase the insurance and accepting this Application does not bind the Insurer to complete the insurance or to issue any particular Bond/Policy. If a Bond/Policy is issued, it is understood and agreed that the Insurer relied upon this Application in issuing each such Bond/Policy and any Endorsements thereto. The undersigned further agrees that if the statements in this Application change before the effective date of any proposed Bond/Policy, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately.

Fraud Warnings

ARKANSAS, LOUISIANA, NEW JERSEY, NEW MEXICO and VIRGINIA: 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. In Arkansas and Louisiana that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

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 includes 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.

Notice to KANSAS Applicants: Any person who commits an act, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act.

KENTUCKY and 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 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. In addition, the Insurer may deny insurance benefits if the applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony. In Florida, it is a felony to the third degree.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE, TENNESSEE and 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 may include imprisonment, fines and/or denial of insurance benefits.

Fraud Warnings Continued

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Chief Executive Officer, President or Chairman of the Board

Print Name _____

Signature _____

Title _____

Date _____

Chief Financial Officer or Equivalent Officer

Print Name _____

Signature _____

Title _____

Date _____

A policy cannot be issued unless the application is signed/dated by two individuals.

Agent Name _____

License Number _____

Submit Application to:

ABA Insurance Services Inc.
3401 Tuttle Road, Suite 300 • Shaker Heights, OH 44122
Telephone (800) 274-5222 • Fax (800) 456-6590 • www.abais.com