

SERFF Tracking Number: PRGS-125294170 State: Arkansas
Filing Company: Progressive Casualty Insurance Company State Tracking Number: AR-PC-07-026142
Company Tracking Number: AR-IBL-APPS-R&AF-0807
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1024 Internet Liability
Product Name: Internet/Electronic Banking Liability Insurance Program
Project Name/Number: AR-IBL-APPS-R&AF-0807/

Filing at a Glance

Company: Progressive Casualty Insurance Company

Product Name: Internet/Electronic Banking SERFF Tr Num: PRGS-125294170 State: Arkansas

Liability Insurance Program

TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: AR-PC-07-026142

Sub-TOI: 17.1024 Internet Liability Co Tr Num: AR-IBL-APPS-R&AF-0807 State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Plg Com2, Plg Com3, Plg Disposition Date: 10/02/2007

Com4, Plg Com 5, Plg Com 6

Date Submitted: 09/19/2007

Disposition Status: Approved

Effective Date Requested (New): 11/01/2007

Effective Date (New):

Effective Date Requested (Renewal): 11/01/2007

Effective Date (Renewal):

General Information

Project Name: AR-IBL-APPS-R&AF-0807

Status of Filing in Domicile: Authorized

Project Number:

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 10/02/2007

State Status Changed: 09/19/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Honorable Julie Benafield Bowman

Commissioner of Insurance

Property & Casualty Division

1200 West Third Street

Little Rock, AR 72201-1904

RE: Progressive Casualty Insurance Company

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NAIC No. 155-24260 FEIN No. 34-6513736

Internet / Electronic Banking Liability Insurance Program

Revised and Amended Form Filing

Company Filing # AR-IBL-APPS-R&AF-0807

Previous Filing # AR-IBL-R&AF-1006

Requested Effective Date (new and renewal): 11/01/07

To Whom It May Concern:

We are pleased to submit for your review and approval our revised and amended applications for the above mentioned program.

We are submitting the applications, as they form a part of and are attached to the policy contract and therefore may not be exempt from review. We respectfully request that the side-by-side requirement be waived for these forms. All applications are being submitted in Final Print format. There is no rate impact associated with this form filing.

This filing is being submitted on a countrywide basis and is approved in our domicile state of Ohio. We are submitting this filing on a prior approval basis. To the best of our knowledge, this filing is in compliance with State and Insurance Department laws and regulations. We have not knowingly violated any Insurance Department directives concerning this type of insurance.

Your earliest review and approval is appreciated. If you have any questions or concerns, please contact me at (800) 274-5222 extension 37538 or email me at Joanna_barney@progressive.com.

Sincerely,

Joanna S. Barney
Compliance Specialist

Encl.

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Company and Contact

Filing Contact Information

Joanna Barney, Compliance Specialist joanna_barney@progressive.com
 5910 landerbrook Dr. (440) 603-7538 [Phone]
 Mayfield Hts, OH 44124 () -[FAX]

Filing Company Information

Progressive Casualty Insurance Company CoCode: 24260 State of Domicile: Ohio
 6300 Wilson Mills Road Group Code: 155 Company Type:
 Mayfield Village, OH 44143 Group Name: State ID Number:
 (440) 461-5000 ext. [Phone] FEIN Number: 34-6513736

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Forms =\$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Progressive Casualty Insurance Company	\$50.00	09/19/2007	15699931

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/02/2007	10/02/2007

SERFF Tracking Number: PRGS-125294170 State: Arkansas
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Disposition

Disposition Date: 10/02/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PRGS-125294170 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Supporting Documentation	Approved	Yes
Form	Internet/Electronic Banking Liability Application	Approved	Yes
Form	Midterm Application for Increased Limits or Coverage Enhancements	Approved	Yes
Form	Application Update	Approved	Yes
Form	Community Bank Application	Approved	Yes
Form	In-Organization (Denovo) Application	Approved	Yes
Form	Representation Statement (Enhance coverage)	Approved	Yes

SERFF Tracking Number: PRGS-125294170 State: Arkansas
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 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1024 Internet Liability
 Product Name: Internet/Electronic Banking Liability Insurance Program
 Project Name/Number: AR-IBL-APPS-R&AF-0807/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Internet/Electronic Banking Liability Application	6285	(07/07)	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 6285 (04/02) Previous Filing #:		6285 07-07 - IBLP.pdf
Approved	Midterm Application for Increased Limits or Coverage Enhancements	3138	(07/07)	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 3138 (04/02) Previous Filing #:		3138 07-07 MidTerm Inc Limits-Enh Cvg.pdf
Approved	Application Update	4605	(07/07)	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 4605 (04/02) Previous Filing #:		4605 07-07 Application Update.pdf
Approved	Community Bank Application	3116	(07/07)	Application/ New Binder/Enrollment	0.00		3116 07-07 - LT \$150 million 07-07.pdf
Approved	In-Organization (Denovo) Application	3139	(07/07)	Application/ New Binder/Enrollment	0.00		3139 De Novo Application.pdf
Approved	Representation Statement (Enhance coverage)	4606	(11/99)	Application/ Withdrawn Binder/Enrollment	Replaced Form #:0.00 n/a Previous Filing #:		4606 11-99 withdrawn.pdf

PROGRESSIVE CASUALTY INSURANCE COMPANY

INTERNET/ELECTRONIC BANKING LIABILITY APPLICATION

FDIC No. _____

THE LIABILITY POLICY WHICH MAY BE ISSUED BASED UPON THIS APPLICATION PROVIDES CLAIMS MADE COVERAGE WRITTEN ON A NO DUTY TO DEFEND BASIS. DEFENSE COSTS ARE INCLUDED WITHIN THE LIMIT OF LIABILITY. AMOUNTS INCURRED AS DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS. PLEASE READ YOUR POLICY CAREFULLY.

Applicant _____

(List all entities applying for coverage including all Subsidiaries)

Address _____ City _____ State _____ Zip Code _____

P.O. Box _____ City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Website _____

Representative authorized to receive notices on behalf of all persons and entities:

Name _____ Title _____ E-mail _____

GENERAL INFORMATION

1. Provide the home page address and date established of all websites proposed for coverage:

<u>Home Page Address</u>	<u>Date Established</u>
_____	_____
_____	_____

2. The Applicant offers: PC/Home Banking Internet Banking Voice/Telephone Banking
 Wireless Banking Other _____

3. Functionality of the website(s): Informational Only (or) Transactional

4. Does the Applicant or any Subsidiary use the Internet to solicit loan or deposit customers? Yes No

5. Indicate the types of products and services available through the Applicant's Internet website(s) and/or PC/Home Banking Program(s) (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Customer Account Access (check all that apply): | |
| <input type="checkbox"/> Balance Inquiries
<input type="checkbox"/> Account Statements
<input type="checkbox"/> Funds Transfers between Accounts
<input type="checkbox"/> Bill or Account Aggregation | <input type="checkbox"/> Loan Applications
<input type="checkbox"/> Bill Payment and/or Presentment
<input type="checkbox"/> Inter-bank Transactions
<input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Trust Department Services | <input type="checkbox"/> Brokerage/Advisory Services |
| <input type="checkbox"/> Insurance Agency Services | <input type="checkbox"/> Other _____ |

IT IS UNDERSTOOD AND AGREED THAT COVERAGE WILL NOT BE PROVIDED FOR ANY PRODUCT OR SERVICE UNLESS IDENTIFIED ABOVE AND EXPRESSLY AGREED TO BY THE INSURER.

6. Indicate the types of electronic products and services the Applicant provides to third parties for a fee (check all that apply): Not Applicable

- | | | |
|---|--|---|
| <input type="checkbox"/> Hosting | <input type="checkbox"/> Internet Service Provider (ISP) | <input type="checkbox"/> Website Development |
| <input type="checkbox"/> Internet Data Processing | <input type="checkbox"/> Network Security Services | <input type="checkbox"/> Certification/Registration Authority |
| <input type="checkbox"/> Internet Banking or other Software Development | <input type="checkbox"/> Other _____ | |

IT IS UNDERSTOOD AND AGREED THAT COVERAGE WILL NOT BE PROVIDED FOR ANY THIRD-PARTY PRODUCT OR SERVICE UNLESS IDENTIFIED ABOVE AND EXPRESSLY AGREED TO BY THE INSURER.

7. Provide the approximate percentage of the Applicant's revenue derived from Internet banking services and electronic services provided to others for a fee (reference Question 6).

	<u>This Year</u>	<u>Last Year</u>	<u>Projected (next 12 months)</u>
Internet Banking Services:	_____ %	_____ %	_____ %
Electronic Services for a fee:	_____ %	_____ %	_____ %

8. Indicate:

- a. the number of customers who currently subscribe to the Applicant's Internet banking service: _____
- b. percentage of the Applicant's total customer base that subscribes to the Internet banking service: _____ %

9. **VENDOR MANAGEMENT:**

a. Indicate whether the function is outsourced, performed in-house or both. Provide the vendor's name if a third party is used.

	Outsourced	In-House	Both	Vendor/Provider Name
Core Processing				
Internet Service Provider*				
Website Host				
Website Design and Maintenance				
Internet Banking Vendor				

*An ISP (Internet Service Provider) is a business that offers access to the Internet. They provide Internet connection, domain name registration, and dial-up or DSL access.

b. Other systems to be covered (in addition to the Applicant's proprietary systems): _____

c. If the website is designed and maintained:

- i. by a third party, in part or whole, does the Applicant have a written "right to use" agreement with the website developer? Yes No
- ii. internally, did an intellectual property attorney review the content? Not Applicable Yes No

d. If applicable, do all vendor contracts:

- i. indemnify/hold the Applicant harmless for vendor misconduct, errors, omissions or negligence? Yes No
- ii. outline the vendor's responsibility for safeguarding customer and confidential information and stipulate what security measures are provided by the vendor? Yes No

10. **GENERAL BUSINESS PRACTICES:**

- a. Is customer or consumer information or data collected via any of the websites proposed for this coverage used for purposes other than that for which the information/data was provided? Yes No
If Yes, does the Applicant sell or share any customer information or data it collects via its website(s)? Yes No
- b. If the website(s) links (connects by any means) to any other website: Not Applicable
 - i. has permission been granted or a link license been obtained? Yes No
 - ii. do any of the website(s) links produce fee income? Yes No
 - iii. are disclaimers used for material posted at linked websites? Yes No
- c. Are banner advertisements (online web page advertisements) used to generate fee income? Yes No
- d. Is meta tagging technology (HTML identity tagging) used in conjunction with the website(s)? Yes No
If Yes, do the search terms contain trademarked words that belong to a third party? Yes No
- e. Does any website proposed for this coverage have a bulletin board or chat room? Yes No

11. **LEVELS OF REVIEW:**

- a. The website(s) is reviewed for regulatory compliance and updated: Weekly Monthly Other _____
- b. Indicate who reviewed the content of the website(s) to ensure mandatory legal disclosures and relevant regulatory and compliance issues were adequately addressed:
 - In-house Counsel Outside Counsel Intellectual Property Counsel
 - Compliance Officer Information Technology/Security Officer Other _____

Are these individuals required to review all subsequent changes to the website(s)? Yes No

c. Were there any regulatory criticisms of the website(s) and/or electronic banking activities during the past 12 months? **If Yes, provide details by attachment.** Yes No

d. If the website(s) has been reviewed or qualified by a third-party "trust service", provide name: (i.e. VeriSign, eTrust, Cybertrust): _____

12. POLICIES AND PROCEDURES:

a. Does the Applicant have a written Information Security Policy? Yes No

b. Does the Applicant have a Disaster Recovery Plan? Yes No

i. Has it been modified to include Internet banking and other electronic activities? Yes No

ii. How often is it tested? _____

iii. Date of last test: _____

If any of the answers to Question 13 (a) or 13(b) are Yes, provide details by attachment.

c. Have the internal and external audit programs been updated to encompass Internet banking and electronic activities? Yes No

If Yes, provide a copy of the audit procedures relative to Internet banking and other electronic activities.

13. SECURITY MEASURES:

a. Is anti-virus software used on all employee desktops and mission-critical servers? Yes No

b. Are customers provided with login IDs (PINs) and passwords to access their accounts through the website(s)? Yes No

c. Are exception reports generated and reviewed on a daily basis which would reveal: (1) restricted transactions; (2) correcting and reversing entries; and (3) unsuccessful attempts to access the system or restricted information? Yes, reviewed by the bank Yes, reviewed by the vendor Not reviewed

d. Are formal procedures in place to report and respond to unauthorized attempts to access the Applicant's Internet banking system? Yes No

e. Are back-up and recovery procedures in place for the web infrastructure (including web, application development, and database servers)? Yes No

i. Are back-up tapes stored off-site? Yes No

ii. If Yes, how often is restore testing performed? _____

f. Indicate what security measures are currently in place and the responsible party by placing an "x" in the appropriate box:

	Security Measure	Applicant	Internet Banking Vendor	Not Applicable
i.	Intrusion detection software is used by:			
ii.	Vulnerability or penetration testing is performed by:			
iii.	Firewalls are maintained by:			
iv.	In order to secure transactions, state of the art encryption technology is used by:			
v.	In order to authenticate parties, state of the art encryption technology is used by:			

LOSSES, PENDING LITIGATION AND CLAIMS HISTORY

New Applicants Only

1. During the past 3 years, has the Applicant:

a. been made aware of any unauthorized access to information of the Applicant or its customers through the Applicant's computer system, Website, Internet Service Provider or Website host; or Yes No

b. sustained a systems intrusion, tampering, hacking or similar incident that resulted in:
 1) damage to or destruction of data or computer programs; 2) damages to a third party; or
 3) other loss to the institution? Yes No

2. Does the undersigned or any director or officer have knowledge of any fact, circumstance or situation involving the Applicant, its Subsidiaries or any past or present director, officer or employee, which could reasonably be expected to give rise to a future claim? Yes No

3. Has any insurance carrier declined, refused to renew or cancelled insurance similar to the coverage Herein applied for? (Missouri applicants are not required to answer this question.) Yes No

If any of the answers in this section are Yes, provide details by attachment.

RENEWAL APPLICANTS: IT IS UNDERSTOOD AND AGREED THAT IF THE UNDERSIGNED OR ANY INSURED HAS KNOWLEDGE OF ANY FACT, CIRCUMSTANCE OR SITUATION WHICH COULD REASONABLY BE EXPECTED TO GIVE RISE TO A FUTURE CLAIM, THEN ANY INCREASED LIMIT OF LIABILITY OR COVERAGE ENHANCEMENT SHALL NOT APPLY TO ANY CLAIM ARISING FROM OR IN ANY WAY INVOLVING SUCH FACTS, CIRCUMSTANCES OR SITUATIONS. IN ADDITION, ANY INCREASED LIMIT OF LIABILITY OR COVERAGE ENHANCEMENT SHALL NOT APPLY TO ANY CLAIM, FACTS, CIRCUMSTANCES OR SITUATIONS FOR WHICH THE INSURER HAS ALREADY RECEIVED NOTICE.

NEW APPLICANTS: IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING LITIGATION OR WRITTEN OR ORAL DEMAND SHALL BE EXCLUDED FROM COVERAGE. IT IS FURTHER UNDERSTOOD AND AGREED THAT IF KNOWLEDGE OF ANY FACT, CIRCUMSTANCE OR SITUATION WHICH COULD REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM EXISTS, ANY CLAIM OR ACTION SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE.

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 the Applicant for the 3 years proceeding the 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 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 Policy. If a Policy is issued, it is understood and agreed that the Insurer relied upon this Application in issuing each such Policy and any Endorsements thereto. The undersigned further agrees that if the statements in this Application change before the effective date of any proposed 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, 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 District of Columbia, penalties include imprisonment and/or fines. 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.

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.

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.

Chief Executive Officer, President or Chairman of the Board:

Print Name:	Signature:
Title:	Date:

Information Technology Officer or comparable title:

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:

Progressive Group of Insurance Companies, PLG Division

5920 Landerbrook Drive, PLG-L21 • Mayfield Heights, OH 44124

Telephone: (800) 274-5222 • Fax: (800) 456-6590 • Website: banks.progressive.com

PROGRESSIVE CASUALTY INSURANCE COMPANY

MIDTERM APPLICATION FOR INCREASED LIMITS OR COVERAGE ENHANCEMENTS

- DIRECTORS & OFFICERS/COMPANY LIABILITY
- TRUST LIABILITY
- EMPLOYMENT PRACTICES LIABILITY
- INTERNET BANKING LIABILITY
- FINANCIAL INSTITUTION BOND
- COMBINATION SAFE DEPOSITORY
- OTHER (Specify): _____

FDIC No. _____

Applicant _____

(List all entities applying for coverage including all Subsidiaries)

Address _____ City _____ State _____ Zip Code _____

P.O. Box _____ City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Website _____

Representative authorized to receive notices on behalf of all persons and entities:

Name _____ Title _____ E-mail _____

Description of Change: _____

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 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, 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 District of Columbia, penalties include imprisonment and/or fines. 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.

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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.

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/BOND OR COVERAGE ENHANCEMENT CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED/DATED BY TWO INDIVIDUALS.

Agent Name _____ **License Number** _____

Submit Application to:
Progressive Group of Insurance Companies, PLG Division
5920 Landerbrook Drive, PLG-L21 • Mayfield Heights, OH 44124
Telephone: (800) 274-5222 • Fax: (800) 456-6590 • Website: banks.progressive.com

PROGRESSIVE CASUALTY INSURANCE COMPANY

APPLICATION UPDATE

FDIC No. _____

THE LIABILITY POLICY WHICH MAY BE ISSUED BASED UPON THIS APPLICATION PROVIDES CLAIMS MADE COVERAGE WRITTEN ON A NO DUTY TO DEFEND BASIS. DEFENSE COSTS ARE INCLUDED WITHIN THE LIMIT OF LIABILITY. AMOUNTS INCURRED AS DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS. PLEASE READ YOUR POLICY CAREFULLY.

Applicant _____

(List all entities applying for coverage including all Subsidiaries)

Address _____ City _____ State _____ Zip Code _____

P.O. Box _____ City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Website _____

Representative authorized to receive notices on behalf of all persons and entities:

Name _____ Title _____ E-mail _____

REPRESENTATION STATEMENT

The undersigned hereby execute this Application Update as a supplement to the following Application(s) and other materials previously submitted to the Insurer to obtain or renew insurance coverage:

DESCRIPTION	FORM #	DATE PRIOR APPLICATION SIGNED BY CEO OR OTHER EXECUTIVE OFFICER
Brokerage/Advisory Services Liability Application	7860	
Community Bank Application	3116	
Bankers Professional Liability Application	3069	
D&O/Company Liability Application	3066	
Debit Card Application	7825	
Depositor Liability Application	7862	
Employment Practices Liability Application	3100	
Fiduciary Liability Application	7857	
Financial Institution Application	3117	
Financial Institution Bond & CSD Application	3120	
In-Organization (Denovo) Application	3139	
Insurance Services Liability Application	7858	
Internet/Electronic Banking Liability Application	6285	
IRA/Keogh Liability Application	7856	
Lender Liability /Third Party Loan Servicing Application	7861	
Trust Company Application	7855	
Trust Liability Application	3114	
Other (specify)		

The undersigned represent that, as of the date of execution of this Application Update, all statements and information contained in this Application Update, any previous Applications, and all other materials submitted in connection with this Application Update or any previous Application are true and complete, except: As stated below No changes

The undersigned further represent that, except as stated in this Application Update, or other materials submitted or detailed above, they have no knowledge of any fact, circumstance or situation which could reasonably be expected to give rise to a Claim/loss against any Insured proposed for this insurance, and that they have made reasonable efforts to obtain true and complete information as to any such facts, circumstances or situations. It is understood and agreed by the Applicant that the statements in this Application Update and any materials submitted therewith are their representations, that they are material and that the Policy/Bond is issued in reliance upon the truth of such representations.

It is further understood and agreed that if the undersigned or any director or officer of any entity proposed for coverage has knowledge of any fact, circumstance or situation which could reasonably be expected to give rise to a future Claim/loss, any such Claim/loss shall be excluded from coverage under any Policy/Bond issued by the Insurer.

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, 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 District of Columbia, penalties include imprisonment and/or fines. 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.

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.

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.

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 BOND/POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS SIGNED/DATED BY TWO INDIVIDUALS.

Agent Name _____ License Number _____

Submit Application to:

Progressive Group of Insurance Companies, PLG Division
 5920 Landerbrook Drive, PLG-L21 • Mayfield Heights, Ohio 44124
 Telephone: (800) 274-5222 • Fax: (800) 456-6590 • Website: banks.progressive.com

PROGRESSIVE CASUALTY INSURANCE COMPANY

COMMUNITY BANK APPLICATION

FOR BANKS < \$150 MILLION

- DIRECTORS & OFFICERS / COMPANY LIABILITY EMPLOYMENT PRACTICES LIABILITY
 FINANCIAL INSTITUTION BOND/CSD INTERNET/ELECTRONIC BANKING LIABILITY

FDIC No. _____

THE LIABILITY POLICIES WHICH MAY BE ISSUED BASED UPON THIS APPLICATION PROVIDE CLAIMS MADE COVERAGE WRITTEN ON A NO DUTY TO DEFEND BASIS. DEFENSE COSTS ARE INCLUDED WITHIN THE LIMIT OF LIABILITY. AMOUNTS INCURRED AS DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS. PLEASE READ YOUR POLICIES CAREFULLY.

Applicant _____

(List all entities applying for coverage including all Subsidiaries)

Address _____ City _____ State _____ Zip Code _____
 P.O. Box _____ City _____ State _____ Zip Code _____
 Telephone _____ Fax _____ Website _____

Representative authorized to receive notices on behalf of all persons and entities:

Name _____ Title _____ E-mail _____

GENERAL INFORMATION

1. a. Bank is: Privately held Mutual Publicly Traded: Ticker Symbol _____ Exchange _____
- b. Percentage owned by insiders (i.e., directors, officers and employees) _____ %
- c. List all persons or entities that own 10% or more of the Applicant's common stock (directly or beneficially):
 _____ % Board representation? Yes No
 _____ % Board representation? Yes No
2. Number of: _____ Employees (full and part-time) _____ Full Service Branches (including Main Office)
3. List all Subsidiaries and their most recent year-end net income/assets below or by attachment:

Name	Nature of Business	Parent Owner	% Owned	Date Established	Net Income	Total Assets

IT IS UNDERSTOOD AND AGREED THAT COVERAGE WILL NOT BE PROVIDED FOR ANY SUBSIDIARY UNLESS LISTED ABOVE AND EXPRESSLY AGREED TO BY THE INSURER.

4. Has the Applicant completed a stock offering, merger or acquisition during the past 3 years? Yes No
If the answer to Question 4 is Yes, provide details by attachment.
5. Indicate if there have been changes in any of the following positions during the past 3 years for reasons other than internal promotion, retirement or death (**provide details by attachment and attach resumes of any new hires**):

<input type="checkbox"/> No changes	<input type="checkbox"/> Chairman of the Board	<input type="checkbox"/> President and/or CEO
<input type="checkbox"/> Senior Operations Officer	<input type="checkbox"/> Senior Loan Officer	<input type="checkbox"/> Internal Auditor
6. Indicate if the following activities are now offered, or if the Applicant contemplates offering them within the next 12 months:

<input type="checkbox"/> Brokerage/Investment Advisory Services	If so, are trades executed for others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Insurance Services	If so, are any products <u>other</u> than Credit Life & Disability offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Out-of-territory lending greater than 25% of total loans		
<input type="checkbox"/> Subprime lending or Payday lending (i.e., cash advances on checks held for future deposit)		
<input type="checkbox"/> Trust Services	Total assets under management	\$ _____
<input type="checkbox"/> Use of Mortgage Brokers to generate loans	Annual broker originations	\$ _____

7. LEVELS OF REVIEW:

- a. Internal audits/loan reviews are performed: Monthly Quarterly Annually Other _____
- b. External audits are: Full-scope Directors-scope Not Performed Date of Audit _____
- c. Was the most recent audit opinion unqualified (favorable)? Yes No Not Applicable
- d. During the past 3 years, has the Applicant been placed under, or to the best of your knowledge, does management anticipate:
 - i. any type of formal enforcement actions, orders or agreements; or Yes No
 - ii. any memorandums of understanding requiring public disclosure as dictated by securities law? Yes No

If any of the answers to Question 7(c) or 7(d) are Yes, provide details by attachment.

8. FRAUD PREVENTION MEASURES:

- a. Are signatures on all notes and documents obtained in the presence of a bank employee, attorney, closing agent, escrow agent or title company employee? Yes No
- b. Are employees' accounts segregated and reviewed for unusual activity at least monthly? Yes No
- c. Is there a formal program requiring the segregation of duties, so that no single transaction can be fully controlled from origination to posting by one person? Yes No
 If No, is there a formal program requiring the rotation of duties without prior notice thereof? Yes No
- d. Are all employees required to take at least one consecutive week of vacation each year, and are they prohibited from accessing their work stations during the vacation period? Yes No
- e. Check kite suspect reports are reviewed: Daily Weekly Other _____ Not Reviewed

9. INTERNET/ELECTRONIC BANKING LIABILITY: Complete this section only if the Applicant has a transactional website and coverage is desired.

- a. Provide the home page addresses, vendor that provides Internet banking capabilities, and program utilized

<u>Website</u>	<u>Vendor</u>	<u>Program Utilized</u>
- b. During the past 3 years, has the Applicant:
 - i. been made aware of any unauthorized access to information of the Applicant or its customers through the Applicant's computer system, Website, Internet Service Provider or Website host; or Yes No
 - ii. sustained a systems intrusion, tampering, hacking or similar incident that resulted in: 1) damage to or destruction of data or computer programs; 2) damages to a third party; or 3) other loss to the institution? Yes No

If any of the answers to Question 9(b) are Yes, provide details by attachment.

LOSSES, PENDING LITIGATION AND CLAIMS HISTORY

New Applicants Only

- 1. During the past 3 years, have there been or are there now any lawsuits, written or oral demands, employee grievances, negotiated settlements or administrative proceedings (EEOC, NLRB, etc) involving:
 - a. any past or present director, officer or employee resulting from their activities as such? Yes No
 - b. the Applicant or any Subsidiary? Yes No
- 2. Have there been any Financial Institution Bond losses in excess of \$5,000 during the past 3 years, whether reimbursed or not? Yes No
- 3. Does the undersigned or any director or officer have any knowledge of any fact, circumstance or situation involving the Applicant, its Subsidiaries, or any past or present director, officer or employee, which could reasonably be expected to give rise to a future liability claim or Bond loss? Yes No

If any of the answers in this section are Yes, provide details by attachment.

RENEWAL APPLICANTS: IT IS UNDERSTOOD AND AGREED THAT IF THE UNDERSIGNED OR ANY INSURED HAS KNOWLEDGE OF ANY FACT, CIRCUMSTANCE OR SITUATION WHICH COULD REASONABLY BE EXPECTED TO GIVE RISE TO A FUTURE CLAIM, THEN ANY INCREASED LIMIT OF LIABILITY OR COVERAGE ENHANCEMENT SHALL NOT APPLY TO ANY CLAIM ARISING FROM OR IN ANY WAY INVOLVING SUCH FACTS, CIRCUMSTANCES OR SITUATIONS. IN ADDITION, ANY INCREASED LIMIT OF LIABILITY OR COVERAGE ENHANCEMENT SHALL NOT APPLY TO ANY CLAIM, FACTS, CIRCUMSTANCES OR SITUATIONS FOR WHICH THE INSURER HAS ALREADY RECEIVED NOTICE.

NEW APPLICANTS: IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING LITIGATION OR WRITTEN OR ORAL DEMAND SHALL BE EXCLUDED FROM COVERAGE. IT IS FURTHER UNDERSTOOD AND AGREED THAT IF KNOWLEDGE OF ANY FACT, CIRCUMSTANCE OR SITUATION WHICH COULD REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM EXISTS, ANY CLAIM OR ACTION SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE.

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 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, 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 District of Columbia, penalties include imprisonment and/or fines. 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.

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.

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.

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 BOND/POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS SIGNED/DATED BY TWO INDIVIDUALS.

Agent Name _____ License Number _____

Submit Application to:
Progressive Group of Insurance Companies, PLG Division
5920 Landerbrook Drive, PLG-L21 • Mayfield Heights, Ohio 44124
Telephone: (800) 274-5222 • Fax: (800) 456-6590 • Website: banks.progressive.com

PROGRESSIVE CASUALTY INSURANCE COMPANY

IN-ORGANIZATION (DE NOVO) APPLICATION

(To be completed by Financial Institution Applicants less than one year old)

THE LIABILITY POLICIES WHICH MAY BE ISSUED BASED UPON THIS APPLICATION PROVIDE CLAIMS-MADE COVERAGE WRITTEN ON A NO-DUTY-TO-DEFEND BASIS. DEFENSE COSTS ARE INCLUDED WITHIN THE LIMIT OF LIABILITY. AMOUNTS INCURRED AS DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS. PLEASE READ YOUR POLICIES CAREFULLY.

Applicant _____

(List all entities applying for coverage including all Subsidiaries)

Address _____ City _____ State _____ Zip Code _____

P.O. Box _____ City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Website _____

Representative authorized to receive notices on behalf of all persons and entities:

Name _____ Title _____ E-mail _____

GENERAL INFORMATION

1. Projected opening date: _____
2. The Applicant will be a:

<input type="checkbox"/> Bank	<input type="checkbox"/> Bank Holding Company	<input type="checkbox"/> Financial Services Holding Co.
<input type="checkbox"/> Savings Bank	<input type="checkbox"/> Savings & Loan/Thrift	<input type="checkbox"/> Other (specify) _____

Corporate structure: C-Corporation S-Corporation Limited Liability Company

Type of ownership: Stock Company Mutual Company Other _____

Stock will be:

<input type="checkbox"/> Privately held	<input type="checkbox"/> Publicly traded	Ticker Symbol _____	Exchange _____
---	--	---------------------	----------------
3. Projected number of: Shareholders _____ Shares outstanding _____
 Shares owned directly or beneficially by directors, officers and employees _____

4. List all persons or entities that will own 10% or more of the Applicant's common stock (directly or beneficially). Indicate name, percentage owned and if such individual / entity will be represented on the board of directors: None

5. Estimate the following:

Estimated number of:	Upon Opening	End of Year 1	End of Year 2	End of Year 3
Employees (full and part-time)				
Full-Service Branches (including main office)				
Limited Facilities (accept deposits; no lending)				
Locations with Safe Deposit Boxes				
Off-Premises ATMs				

12. Will all employees be required to take vacations each year, and will they be prohibited from accessing their work stations during the vacation period? Yes No
 If Yes, vacations will be required for a period of: At least two consecutive weeks
 At least one consecutive week
13. Check kite suspect reports will be reviewed: Daily Weekly Other _____ Not Reviewed
14. Will all accounts (including suspense accounts) be reconciled at least monthly by individuals who have no authority to post transactions to the accounts? Yes No

If any of the answers in this section are No, provide details by attachment.

LOSSES, PENDING LITIGATION AND CLAIMS HISTORY

1. Have there been or are there now any lawsuits, administrative charges, written or oral demands involving the Applicant, any Subsidiary, or any past or present director, officer or employee? Yes No
2. Does the undersigned or any director or officer have knowledge of any fact, circumstance or situation involving the Applicant, its Subsidiaries or any past or present director, officer or employee, which could reasonably be expected to give rise to a future claim? Yes No

If either of the answers in this section are Yes, provide details by attachment.

IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING LITIGATION OR WRITTEN OR ORAL DEMAND SHALL BE EXCLUDED FROM COVERAGE. IT IS FURTHER UNDERSTOOD AND AGREED THAT IF KNOWLEDGE OF ANY FACT, CIRCUMSTANCE OR SITUATION WHICH COULD REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM EXISTS, ANY CLAIM OR ACTION SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE.

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 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

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applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

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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.

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 BOND/POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS SIGNED/DATED BY TWO INDIVIDUALS.

Agent Name _____ License Number _____

Submit Application to:

Progressive Group of Insurance Companies, PLG Division
5920 Landerbrook Drive, PLG-L21 • Mayfield Heights, Ohio 44124
Telephone: (800) 274-5222 • Fax: (800) 456-6590 • Website: banks.progressive.com

PROGRESSIVE CASUALTY INSURANCE COMPANY

APPLICATION TO ENHANCE COVERAGE REPRESENTATION STATEMENT

Named Insured: [bankname]

FDIC Number: [fdicnbr]

Policy Number: [policynbr]

Effective Date: [policyeffdt]

Regarding:

The undersigned Chief Executive Officer (or other Senior Officer if the Chief Executive Officer is also the Chairman of the Board) and Chairman of the Board hereby execute this Representation Statement as a part of the **Company's** (as that and all other terms in bold type herein are defined in the above **Policy**) **Application** for an increased Limit of Liability or other enhancement to broaden coverage for the above **Policy** or renewal **Policy**.

The undersigned represent that they have no knowledge of any fact, circumstance or situation involving the **Company** or **Insured Persons** that may reasonably give rise to a **Claim**, other than knowledge of facts, circumstances or situations of which the **Company** or **Insured Persons** have already notified the **Insurer**, and that they have made reasonable efforts to obtain true and complete information from the **Company** and **Insured Persons** as to any such facts, circumstances or situations. It is understood and agreed that the **Insurer** is relying upon this Representation Statement in providing any increase in the Limit of Liability or enhancement to coverage to which this Representation Statement relates.

It is understood and agreed that if the undersigned or any director, trustee or officer of the **Company** has knowledge of any fact, circumstance or situation involving the **Company** or **Insured Persons** that they should reasonably expect might result in any future **Claim**, any increased Limit of Liability or coverage enhancement provided in reliance upon this Representation Statement shall not apply to any **Claim** arising from or in any way involving such facts, circumstances or situations. In addition, any increased Limit of Liability or coverage enhancement provided in reliance upon this Representation Statement shall not apply to any facts, circumstances or situations of which the **Insurer** has already received notice from the **Company** or **Insured Persons** or to any **Claim** already reported to the **Insurer**.

FRAUD WARNINGS

ARKANSAS, COLORADO, HAWAII, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, TENNESSEE, and VIRGINIA: Any person who knowingly presents a false or fraudulent **Claim** for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime. In **Arkansas, Hawaii, and Louisiana**, that person may be subject to fines, imprisonment or both. In **Colorado**, penalties may include imprisonment, fines, denial of insurance, and civil damages. In **New Mexico**, that person may be subject to civil fines and criminal penalties. In **Maine, Tennessee and Virginia**, penalties may include imprisonment, fines and denial of insurance benefits.

DISTRICT OF COLUMBIA, KENTUCKY, NEW YORK 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 **District of Columbia**, penalties include imprisonment and/or fines. In addition, the **Insurer** may deny insurance benefits if false information materially related to a **Claim** is provided by the applicant. In **New York**, the person shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the **Claim** for each such violation. In **Pennsylvania**, the person may also be subject to criminal 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 statement is guilty of a felony. In **Florida**, it is a felony of the third degree.

MINNESOTA: This insurance is void in any case of fraud, material misrepresentation or material omission made by you or with your knowledge in obtaining this insurance or pursuing a **Claim** under the **Policy**.

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.

By _____ Date _____ Title _____
Signature of Chief Executive Officer
(or other Senior Officer if the Chief Executive Officer is also the Chairman of the Board)

By _____ Date _____
Signature of the Chairman of the Board

WITHDRAWN

SERFF Tracking Number: PRGS-125294170 *State:* Arkansas
Filing Company: Progressive Casualty Insurance Company *State Tracking Number:* AR-PC-07-026142
Company Tracking Number: AR-IBL-APPS-R&AF-0807
TOI: 17.1 Other Liability - Claims Made Only *Sub-TOI:* 17.1024 Internet Liability
Product Name: Internet/Electronic Banking Liability Insurance Program
Project Name/Number: AR-IBL-APPS-R&AF-0807/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PRGS-125294170 State: Arkansas
Filing Company: Progressive Casualty Insurance Company State Tracking Number: AR-PC-07-026142
Company Tracking Number: AR-IBL-APPS-R&AF-0807
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1024 Internet Liability
Product Name: Internet/Electronic Banking Liability Insurance Program
Project Name/Number: AR-IBL-APPS-R&AF-0807/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 10/02/2007

Comments:

Attachment:

AR Transmittal Document.pdf

Satisfied -Name: Supporting Documentation
Review Status: Approved 10/02/2007

Comments:

Attachment:

AR IBL Submitted Forms List.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

**PROGRESSIVE CASUALTY INSURANCE COMPANY
INTERNET BANKING LIABILITY**

Submitted Forms List

ARKANSAS

File #: AR-IBL-APPS-R&AF-0807

REVISED FORMS

6285	(07/07)	Internet/Electronic Banking Liability Application
3138	(07/07)	Midterm Application for Increased Limits or Coverage Enhancements
4605	(07/07)	Application Update

Old Form w/description

6285	(04/02)	Internet/Electronic Banking Liability Application
3138	(04/02)	Representation Statement
4605	(04/02)	Representation Statement (Application Update)

NEW FORM

3116	(07/07)	Community Bank Application
3139	(07/07)	In-Organization (Denovo) Application

WITHDRAWN FORM

4606	(11/99)	Representation Statement (Enhance Coverage)
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