

SERFF Tracking Number: PRGS-125292312 State: Arkansas
Filing Company: Progressive Casualty Insurance Company State Tracking Number: AR-PC-07-026087
Company Tracking Number: AR-EPL-APPS-R&AF-0807
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability
Product Name: Employment Practices Liability Insurance
Project Name/Number: AR-EPL-APPS-R&AF-0807/

Filing at a Glance

Company: Progressive Casualty Insurance Company

Product Name: Employment Practices Liability SERFF Tr Num: PRGS-125292312 State: Arkansas
Insurance

TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: AR-PC-07-026087

Sub-TOI: 17.1010 Employment Practices Liability Co Tr Num: AR-EPL-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 Com4, Plg Com 5, Plg Com 6 Disposition Date: 09/20/2007

Date Submitted: 09/14/2007

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-EPL-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: 09/20/2007

State Status Changed: 09/14/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: Progressive Casualty Insurance Company

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

Employment Practices Liability Insurance

Line of Business: 17 – Other (Professional Non-medical) Liability

Revised and Amended Form Filing

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

Previous Filing # AR-EPL-R&AF-06/06

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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 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.

Company and Contact

Filing Contact Information

Joanna Barney, Compliance Specialist
5910 landerbrook Dr.
Mayfield Hts, OH 44124

joanna_barney@progressive.com
(440) 603-7538 [Phone]
() -[FAX]

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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

SERFF Tracking Number: PRGS-125292312 State: Arkansas
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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Progressive Casualty Insurance Company	\$50.00	09/14/2007	15631146

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/20/2007	09/20/2007

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Disposition

Disposition Date: 09/20/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms List	Approved	Yes
Form	Employment Practices Liability Application	Approved	Yes
Form	Midterm Applicaiton for Increased Limits and Coverage Enhancements	Approved	Yes
Form	In-Organization (De Novo) Application	Approved	Yes
Form	Application Update	Approved	Yes
Form	Trust Company Applicaton	Approved	Yes
Form	Community Bank Application	Approved	Yes
Form	Financial Institution Application	Approved	Yes
Form	Community Bank Application	Approved	Yes
Form	Application Addendum-Fraud Warnings	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Employment Practices Liability Application	3100	(07/07)	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 3100 (06/06) Previous Filing #:		3100 07-07 - EPL .pdf
Approved	Midterm Applicaiton for Increased Limits and Coverage Enhancements	3138	(07/07)	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 3138 (01/05) Previous Filing #:		3138 07-07 MidTerm Inc Limits-Enh Cvg.pdf
Approved	In-Organization (De Novo) Application	3139	(07/07)	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 3139 (06/06) Previous Filing #:		3139 De Novo Application.pdf
Approved	Application Update	4605	(07/07)	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 4605 (06/06) Previous Filing #:		4605 07-07 Application Update.pdf
Approved	Trust Company Applicaton	7855	(07/07)	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 7855 (06/06) Previous Filing #:		7855 07-07 Trust Co.pdf
Approved	Community Bank Application	3116	(07/07)	Application/ New Binder/Enrollment		0.00	3116 07-07 - LT \$150 million 07-07.pdf
Approved	Financial Institution Application	3117	(07/07)	Application/ New Binder/Enrollment		0.00	3117 07-07 Financial Institutions.pdf
Approved	Community Bank Application	3115	(06/06)	Application/ Withdrawn Binder/Enrollment	Replaced Form #:0.00 Previous Filing #:		3115 06-06 Community Bank w fraud warning-WDpdf.pdf
Approved	Application Addendum-Fraud	7900	(06/06)	Application/ Withdrawn Binder/Enrollment	Replaced Form #:0.00		7900 06-06 Fraud

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Warnings

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Previous Filing #:

Addendum
PCIC
withdrawn.p
df

PROGRESSIVE CASUALTY INSURANCE COMPANY
EMPLOYMENT PRACTICES 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

- Number of: Employees (full and part-time): _____ Employees in HR/Personnel Department: _____
- Does the Applicant have a written manual of all personnel policies and procedures? Yes No
 - If Yes, does it include an employment-at-will statement? Yes No
 - If Yes, does it include a Sexual Harassment Policy? Yes No
 - If Yes, does it include a Discrimination Policy? Yes No
- Prior to terminating employees, does the Applicant seek legal counsel? Yes No
- Has employee turnover exceeded 25% in either of the past 2 years? Yes No
- Have there been during the past 12 months, or does the Applicant anticipate in the next 12 months, any branch/office closings, layoffs, or reorganizations? Yes No
- Does the Applicant seek legal counsel prior to terminating an employee? Yes No
- Attach a copy of the Applicant's Employment Application used for all applicants for hire.**

If there are exceptions to Questions 3 through 6, provide details by attachment.

LOSSES, PENDING LITIGATION AND CLAIMS HISTORY

All Applicants

- Is the Applicant or any Subsidiary a defendant in any lawsuit which, if the allegations are proven, could materially affect the financial condition of the Applicant or any Subsidiary? Yes No

New Applicants Only

- 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:
 - any past or present director, officer or employee resulting from their activities as such? Yes No
 - the Applicant or any Subsidiary? Yes No
- Does the undersigned or any director or officer have knowledge of any fact, circumstance or situation, including but not limited to complaints or allegations of wrongful termination, discrimination, or sexual harassment of any type 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
- 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:

Human Resource Representative:

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
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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: Bank Bank Holding Company Financial Services Holding Co.
 Savings Bank Savings & Loan/Thrift Other (specify) _____

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

Type of ownership: Stock Company Mutual Company Other _____

Stock will be: Privately held 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.

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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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Chief Executive Officer, President or Chairman of the Board:

Print Name:	Signature:
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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:

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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

TRUST COMPANY APPLICATION

- TRUST COMPANY LIABILITY
 EMPLOYMENT PRACTICES LIABILITY

- DIRECTORS & OFFICERS LIABILITY
 FINANCIAL INSTITUTION BOND

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. Date Established: _____ Number of Employees: _____ Number of locations: _____

2. Net Income: Current Year: _____ Last Year: _____ Previous Year: _____

3. a. Corporate structure: C-Corporation S-Corporation Limited Liability Company
 b. Type of ownership: Stock Company Mutual Company Other _____

4. If Stock Company:

a. Stock is: Privately Held Publicly Traded Ticker Symbol: _____ Exchange: _____

b. Number of: _____ Shareholders _____ Shares Outstanding _____ Shares owned directly/beneficially by D&Os

c. List all persons or entities that own more than 10% of common stock (directly or beneficially) or debentures convertible to common stock, which if exercised, would result in a controlling interest of 10% or more of common stock. Indicate name, percentage owned and if such individuals/entity is represented on the board.

5. List all Subsidiaries and most recent year-end 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.

6. Has the Applicant or any Subsidiary completed any of the following during the past 3 years, or is such a transaction being contemplated during the next 12 months:

- a. Stock offering, merger, consolidation, acquisition, divestment or sale of stock in excess of 10% of shares outstanding? Yes No
- b. Conversion from mutual to stock ownership? Yes No
- c. Going private transaction, conversion from C-Corporation to Subchapter S-Corporation, or any other transaction eliminating shareholders or listing of shares for sale on NASDAQ, NYSE or AMEX? Yes No

- d. Merger, consolidation or acquisition with any other entity, Trust Department, or Trust Company during the past 3 years? Yes No

If any of the answers to Question 6 are Yes, provide details by attachment. For stock offerings, attach Prospectus or Placement Memorandum.

7. MANAGEMENT:

- a. Number of Trust Officers: _____ Average length of trust experience for all Trust Officers: _____
- b. Number of Trust Officers that hold the following Professional Designations:
 Certified Trust & Financial Advisor (CTFA) _____ Certified Financial Planner (CFP) _____
 Certified Employee Benefit Specialist (CEBS) _____ Certified Financial Advisor (CFA) _____
- c. Is there a full-time Trust Compliance Officer? Yes No
- d. 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 and attach resumes of new hires):
 No changes Chairman of the Board President and/or CEO
 Internal Auditor Senior Trust Officer Senior Operations Officer
- e. List all board members who missed more other than 25% of board meetings within the past 12 months and reasons:
- f. During the past 3 years, has any past or present board member, officer or employee been charged with a crime or the subject of a criminal investigation or disciplinary proceeding by any regulatory agency or organization? Yes No

If any of the answers to Questions 7 (d) through 7(f) are Yes, provide details by attachment.

8. LEVELS OF REVIEW:

- a. The internal audit function is performed by: Employee(s) External Firm Not Performed
- b. Internal audits are performed: Monthly Quarterly Annually Other
- c. Is the Audit Committee comprised only of outside directors? Yes No
- d. Summarize auditor's qualifications (or attach resumes) _____
- e. Audit reports are submitted directly to the: Board of Directors (or) Audit Committee
- f. **Attach a copy of the most recent Audit report, Management Letter and Applicant's response.**
- g. Regulatory Agency: _____ Date of Exam: _____
- h. Have all criticisms in the exam report been addressed by the board of directors? Yes No
- i. In the past 3 years, has the Applicant been fined by the IRS or cited by the SEC or any other regulator for any reason, including but not limited to slow processing of transactions and failure to review accounts? Yes No
- j. During the past 3 years has the Applicant or any Subsidiary been placed under or, to the best of your knowledge, does management anticipate any:
 i. type of formal enforcement action, order or agreement; or Yes No
 ii. memorandum of understanding requiring public disclosure as set forth by securities law? Yes No

If any of the answers to Question 8(h) through 8(j) are Yes, provide details by attachment.

9. INSURANCE INFORMATION (New Applicants only):

Current Coverage	Carrier	Policy Limit	Retention	Annual Premium	Policy Period
Trust Company Liability					
Directors & Officers Liability					
Financial Institution Bond					
Employment Practices Liability					

TRUST COMPANY LIABILITY

Complete this section only if coverage is desired.

1. TRUST COMMITTEE & INVESTMENT ADVISORY FUNCTION:

- a. The Trust Committee meets: Weekly Monthly Other _____

- b. Is every account reviewed by the Trust Committee at least annually? Yes No
- c. How often (monthly, quarterly, etc.) does the Trust Committee review:
- | | | | |
|-----------------------------------|-------|-----------------------------|-------|
| New accounts | _____ | Existing accounts | _____ |
| Purchase and sale of trust assets | _____ | Administration of accounts | _____ |
| Discretionary distributions | _____ | Investments in each account | _____ |
- d. Is the Trust Committee comprised only of outside directors? Yes No
- e. The investment advisory function is performed: In-house Outsourced Both
- f. If the investment advisory function is performed in-house indicate:
 How often are trades executed? _____ Average number of trades a month: _____
- g. **If the advisory function is outsourced, attach details on how the Investment Advisor/Manager is selected and how often their performance is reviewed.**

2. POLICIES AND PROCEDURES:

- a. Does the Applicant have written operating guidelines? Yes No
- b. Are all trust agreements reviewed by legal counsel prior to being accepted? Yes No
- c. When the Applicant succeeds another entity or another party as trustee, is a hold-harmless agreement executed by the predecessor trustee? Yes No
- d. Is there an "approved list" of securities to be recommended to clients? Yes No
- e. Are deviations from individual trust agreements approved and documented? Yes No
- f. Are financial reports rendered to all accounts, other than custodial accounts, at least annually? Yes No
- g. Are procedures in effect to ensure that client employee benefit plans comply with ERISA? Yes No
- h. Does the Applicant plan on making any changes to the trust operating/accounting system within the next 12 months? Yes No

3. INVESTMENTS AND ASSET MANAGEMENT:

- a. Provide the dollar amount of Trust Assets in each category administered by the Applicant (including all Trust Subsidiaries):

Type of Account	No. of Accts.	Total Assets of Largest Account	Custodial	Non-Discretionary	Managed/Discretionary	Total Assets Under Management
Individual Accounts, Trusts, Estates		\$	\$	\$	\$	\$
ERISA Accounts		\$	\$	\$	\$	\$
Corporate Trust (except Mutual Funds)		\$	\$	\$	\$	\$
TOTAL		\$	\$	\$	\$	\$

- b. Total assets above held in Common Trust Funds \$ _____ Not Applicable
- c. Provide mutual funds and non-affiliated Common Trust Assets (include all Subsidiaries):

Mutual Funds and Non-Affiliated Common Trusts	Number of Accounts	Total Assets Under Management
Custodial		\$
Fiscal, Escrow or Transfer Agent		\$
Registrar		\$
Dividend Disbursing Agent		\$
All Other		\$
TOTAL		\$

4. Indicate if the Applicant or any Subsidiary invests in:

- 5% or more of any stock of any corporation (including Applicant's stock)
- Covered call options or any other option contracts
- Derivatives or funds that include derivative investments
- Any specialty investments (other than commonly traded securities) such as precious metals, commodity or other futures, restricted securities, oil and gas leases, cattle trusts, or limited partnerships

5. Indicate if the Applicant or any Subsidiary offers any of the following (check all that apply):
- Brokerage/Advisory Services outside the scope of the Trust Department (**complete application 7860**)
 - Trust services to another banking company
 - Actuarial services for clients
 - Lending securities program for trust or custodial clients
 - Receiver, trustee in bankruptcy or assignee for the benefit of creditors
 - Trustee for any:
 - Debt underwritten by the Applicant
 - Municipal, corporate or other debt securities
 - Bond indenture
 - Equipment trusts/leases
 - Securities backed by loans sold to third parties
 - Repurchase/reverse repurchase agreements

FINANCIAL INSTITUTION BOND

Complete this section only if coverage is desired.

1. Are signatures on all notes and documents obtained in the presence of a bank employee, attorney, closing agent, escrow agent or title company employee (including loans originated by third parties)? Yes No
2. Does the Applicant prohibit the acceptance of checks made payable to corporate payees, but endorsed by individuals or endorsed over to individuals? Yes No
3. Are account statements sent out on a monthly basis? Yes No
4. If statements are held for customer pick-up, does the Applicant obtain the customer's written authorization and record the customer's receipt of statement? Not Applicable Yes No
5. Prior to honoring a written or faxed funds transfer request, is the authenticity of the request verified by signature verification and a call-back or similar security procedure? Yes No
6. Is there a formal program requiring segregation of duties in every area, so that no single transaction can be fully controlled from start to finish by one person? Yes No
If no, is there a formal program requiring the rotation of duties of key positions without prior notice thereof? Yes No
7. Does Management require annual vacations for all employees and restrict access to work areas during the vacation period of at least: (check one) One Week (or) Two Weeks
8. Are official checks reconciled by individuals other than those authorized to issue them? Yes No
9. Are official checks/drafts preprinted, sequentially numbered and maintained under dual control? Yes No

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

FIDUCIARY LIABILITY

Complete this section only if coverage is desired.

Fiduciary Liability coverage pertains to retirement and welfare benefit plans for the benefit of the Applicant's employees.

1. Complete the following for all Plans.

Plan Name	Asset Value	Year Established	Number of Participants

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

2. Is any Plan an Employee Stock Ownership Plan (ESOP)? Yes No
If Yes, percentage of Company stock owned: _____%

3. Is any Plan currently under examination or is any issue related to a Plan currently pending before the Internal Revenue Service, Department of Labor, the Pension Benefit Guaranty Corporation or any court? Yes No

If any of the answers to Questions 2 or 3 are Yes, provide details by attachment.

EMPLOYMENT PRACTICES LIABILITY

Complete this section only if coverage is desired.

1. Does the Applicant have a written manual of all personnel policies and procedures? Yes No
- a. If Yes, does it include an employment-at-will statement? Yes No
- b. If Yes, does it include a Sexual Harassment Policy? Yes No
- c. If Yes, does it include a Discrimination Policy? Yes No
2. Prior to terminating employees, does the Applicant seek legal counsel? Yes No
3. Has employee turnover exceeded 25% in either of the past 2 years? Yes No
4. Have there been during the past 12 months, or does the Applicant anticipate in the next 12 months, any branch/office closings, layoffs, or reorganizations? Yes No
5. Does the Applicant seek legal counsel prior to terminating an employee? Yes No
6. **Attach a copy of the Applicant's Employment Application used for all applicants for hire.**

If there are exceptions to Questions 2 through 6, provide details by attachment.

7. 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/trustee, officer or employee resulting from their activities as such? Yes No
- b. the Applicant or any Subsidiary? Yes No

LOSSES, PENDING LITIGATION AND CLAIMS HISTORY

All Applicants

1. Is the Applicant or any Subsidiary a defendant in any lawsuit which, if the allegations are proven, could materially affect the financial condition of the Applicant or any Subsidiary? Yes No

New Applicants Only

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 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
4. Has any carrier declined, cancelled or non-renewed any policy similar to the coverage herein applied for? (Missouri applicants are not required to respond to 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 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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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.

Senior Trust Officer:

Print Name:	Signature:
Title:	Date:

Chief Executive Officer, President or Chairman of the Board:

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, OH 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 preceding 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 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

FINANCIAL INSTITUTION APPLICATION

FOR BANKS > \$150 MILLION

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

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 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. a. The Applicant is 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 _____ |
- b. Corporate structure: C-Corporation S-Corporation Limited Liability Company
- c. Type of ownership: Stock Company Mutual Company Other _____

2. If a Stock Company:

a. Stock is: Privately Held Publicly Traded Ticker Symbol: _____ Exchange: _____

b. Number of: Holding Company Subsidiary Bank

i. Shareholders _____

ii. Shares outstanding _____

iii. % Shares owned directly or beneficially by directors, officers and employees _____ % _____ %

c. List all persons or entities that own more than 10% of common stock (directly or beneficially) or debentures convertible to common stock, which if exercised, would result in a controlling interest of 10% or more of common stock. Indicate name, percentage owned and if such individual/entity is represented on the board.

3. Number of: _____ Employees (full and part-time) _____ Full Service Branches (including Main Office)
- _____ Off-Premises ATMs _____ Limited Facilities (accepts deposits; no lending)
- _____ Locations with Safe Deposit Boxes _____ Locations with Self-Storage Safe Deposit Boxes

4. List all subsidiaries and most recent year-end 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 AND EXPRESSLY AGREED TO BY THE INSURER.

5. **PROFESSIONAL SERVICES:** Indicate all services that are now offered or that the Applicant or any Subsidiary contemplates offering within the next 12 months. Provide the most recent year-end revenue for each applicable service.

Real Estate

- Appraisal Services \$ _____
- Property Management \$ _____
- Real Estate Brokerage \$ _____
- Title Company \$ _____

Investment Services

- Investment Advisory Services \$ _____
- Security Broker/Dealer \$ _____
- Investment Banking \$ _____
- Securities Underwriting \$ _____
- Private Equity Investing \$ _____
- Trust Services \$ _____

(complete application 3114)

Accounting/Processing Services

- Accounting Services \$ _____
- Actuarial Services \$ _____
- Credit Card Processing \$ _____
- Tax Preparation \$ _____

Insurance Services

- Insurance Agency \$ _____
- Insurance Company \$ _____

Technology

- Internet/Electronic Banking (complete application 6285) \$ _____
- Data Processing \$ _____
- Internet Service Provider \$ _____
- Network Hosting \$ _____
- Network Security Services \$ _____
- Website Development \$ _____
- Consulting, Design or Sales \$ _____

Other (specify)

- IRA/Keogh Account Administration \$ _____
- Mortgage Banking Services \$ _____
- Loan Servicing (third party) \$ _____
- Wire transfer services \$ _____
- Notary public services \$ _____

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

6. Has the Applicant or any Subsidiary completed any of the following transactions during the past 3 years, or are any such transactions planned for the next 12 months:

- a. Stock offering, merger, consolidation, acquisition, divestment or sale of stock in excess of 10% of shares outstanding? Yes No
- b. Conversion from a mutual to stock form of ownership or from a Bank Holding Company to a Financial Services Holding Company? Yes No
- c. Going-private transaction, conversion from a C-Corporation to a Subchapter S-Corporation or any other transaction that eliminates shareholders? Yes No

If any of the answers to Question 6 are Yes, provide details by attachment. For stock offerings, attach a copy of the Prospectus or Placement Memorandum.

7. **MANAGEMENT:**

a. 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 and attach resumes of any new hires):

- No changes
- Chairman of the Board
- President and/or CEO
- Senior Operations Officer
- Senior Loan Officer
- Internal Auditor

b. List all board members who missed more than 25% of the board meetings within the past 12 months and reasons:

c. During the past 3 years, have there been any problems involving extensions of credit to directors or officers? Yes No

d. During the past 3 years, has any past or present director, officer or employee been charged with a crime or been the subject of a criminal investigation or disciplinary proceeding by a regulatory agency or organization? Yes No

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

8. **LEVELS OF REVIEW:**

- a. The internal audit function is performed by: Employee(s) External Firm Not Performed
- b. Internal audits are performed: Monthly Quarterly Annually Other _____
- c. Is the Audit Committee comprised only of outside directors? Yes No
- d. Summarize auditor's qualifications (or attach resumes) _____
- e. Are audit reports submitted directly to the: Board of Directors (or) Audit Committee
- f. Type of external audit: Full-scope Directors-scope Other _____
- g. The external audit is performed: Annually Every other year Other _____
- h. Was the most recent audit opinion unqualified (favorable)? Not Applicable Yes No
- i. Were any material weaknesses noted in the most recent Management Letter? Not Applicable Yes No
- j. Current level of internally classified assets: Substandard \$ _____ Doubtful \$ _____ Loss \$ _____
- k. **Attach a copy of the most recent Audit Report, Management Letter and Applicant's response.**
- l. Regulatory Agency _____ Date of Exam _____
- n. Have all criticisms in the exam report been addressed by the board of directors? Yes No
- o. During the past 3 years, has the Applicant or any Subsidiary been placed under, or to the best of your knowledge, does management anticipate:
 - i. any type of formal enforcement action, order or agreement; or Yes No
 - ii. a memorandum of understanding requiring public disclosure as dictated by securities law? Yes No

If the answer to Question 8(n) is No or 8(o) is Yes, provide details by attachment.

9. **LOAN REVIEW:**

- a. Loan reviews are conducted: Monthly Quarterly Annually Other _____
- b. The loan review function is performed by: Employee(s) External Firm (specify) _____
- c. During the past 3 years, has any director or officer become aware of any of the following conditions as a result of an internal audit or loan review:
 - i. Concentration of credit that warrants reduction or correction? Yes No
 - ii. Extension of credit that exceeds the legal lending limit? Yes No
 - iii. Conflict of interest transaction? Yes No
 - iv. Problem involving an extension of credit to a director and/or officer? Yes No

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

LENDER AND DEPOSITOR LIABILITY

Complete this section only if coverage is desired.

- 1. Is a written loan application required for every extension of credit? Yes No
- 2. For loans originated by the Applicant, 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
- 3. For loans originated by third parties (e.g., mortgage brokers, other banks, etc.), are signatures on all notes and documents obtained in the presence of a bank employee, attorney, closing agent, escrow agent or title company employee? Not Applicable Yes No
- 4. Prior to opening a corporate account, is the customer required to provide a signed corporate solution or letter designating certain individuals to sign on the account? Yes No
- 5. Does the Applicant prohibit the acceptance of checks made payable to corporate payees, but endorsed by individuals or endorsed over to individuals? Yes No
- 6. Are account statements forwarded to customers on a monthly basis? Yes No
If No, how often? _____
- 7. Are makers' signatures verified on checks in excess of \$10,000 drawn on the Applicant? Yes No
- 8. Are endorsements on negotiable instruments verified upon presentment? Yes No

If any of the answers to Questions 1 through 8 are No, provide details by attachment.

9. Indicate if the Applicant or any Subsidiary engages in the following:

Description	Answer	Existing Amount
Loan servicing for third parties	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Out-of-territory lending greater than 25% of total loans	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Loan participations originated by third parties	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Loan participations sold <u>with</u> recourse	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unsecured commercial lending	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Construction lending for speculative buildings or homes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Construction lending <u>without</u> firm take-out commitments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Dealer floor planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Subprime lending	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
“Payday” lending (i.e., cash advances on checks held for future deposit)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Purchase of brokered loans or books of loans	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Use of mortgage brokers or other third-party loan or lease producers	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Origination of loan syndications or securitizations	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

EMPLOYMENT PRACTICES LIABILITY

Complete this section only if coverage is desired.

1. Does the Applicant have a written manual of all personnel policies and procedures? Yes No
 - a. If Yes, does it include an employment-at-will statement? Yes No
 - b. If Yes, does it include a Sexual Harassment Policy? Yes No
 - c. If Yes, does it include a Discrimination Policy? Yes No
2. Prior to terminating employees, does the Applicant seek legal counsel? Yes No
3. Has employee turnover exceeded 25% in either of the past 2 years? Yes No
4. Have there been during the past 12 months, or does the Applicant anticipate in the next 12 months, any branch/office closings, layoffs, or reorganizations? Yes No
5. Does the Applicant seek legal counsel prior to terminating an employee? Yes No
6. 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
7. **Attach a copy of the Applicant’s Employment Application used for all applicants for hire. If there are exceptions to Questions 2 through 7, provide details by attachment.**

FIDUCIARY LIABILITY

Complete this section only if coverage is desired.

Fiduciary Liability coverage pertains to retirement and welfare benefit plans for the benefit of the Applicant’s employees.

1. Complete the following for all Plans.

Plan Name	Asset Value	Year Established	Number of Participants

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

2. Is any Plan an Employee Stock Ownership Plan (ESOP)? Yes No
 If Yes, percentage of Company stock owned: _____%
3. Are any Plan assets (other than ESOP) currently:
 a. loaned to or invested in the securities of the Applicant, any Subsidiary or any affiliate? Yes No
 b. invested in bank deposits or any other investment vehicle sponsored by the Applicant? Yes No
4. Does any Plan have a funding deficiency? Yes No
5. Is any Plan currently under examination or is any issue related to a Plan currently pending before the Internal Revenue Service, Department of Labor, the Pension Benefit Guaranty Corporation or any court? Yes No
6. Have procedures been adopted to ensure that each Plan is administered according to its terms, and that it complies in form and operation with ERISA, the Internal Revenue Code of 1986 and other applicable laws and regulations? Yes No
7. Did any of the past 3 actuarial assessments or external audit reports contain any qualifications? Yes No

If any of the answers to Questions 3 through 7 are Yes, provide details by attachment.

BROKERAGE / ADVISORY SERVICES

Complete this section only if coverage is desired.

1. Type of brokerage services offered:
 Referral-basis only (if applicable, skip to next section) Investment advisory services only
 Discount brokerage only (purchase and sale of securities; no investment advice) Full-service brokerage
2. Brokerage services are offered by:
 The Applicant's own employees
 The Applicant's own employees, who are also managed and/or compensated by a third-party broker-dealer (i.e., "dual employees") Firm name: _____
3. Total assets under management: \$ _____ Total Number of Accounts _____
4. If dual employees are used, does the Applicant's contract specify that the broker/dealer is responsible for supervision of the dual employees? Not Applicable Yes No
5. Are all securities and funds forwarded directly to the client or deposited directly into the client's account? Yes No
6. Do address changes require management approval and a written, signed request from the client? Yes No
7. Are account statements forwarded directly to the client from a central location at least quarterly? Yes No
8. Is a process in place to ensure that all transactions over \$5,000 are verified with the client by an individual other than the broker? Yes No
9. Are all employees prohibited from accessing client funds? Yes No

If any of the answers to Questions 4 through 9 are No, provide details by attachment.

10. Indicate all services that are now offered or that the Applicant or any Subsidiary contemplates offering within the next 12 months. Provide the most recent year-end revenue for each applicable service. Not Applicable
- | | | | |
|---|----------|--|----------|
| <input type="checkbox"/> Market making services | \$ _____ | <input type="checkbox"/> Underwriting activities | \$ _____ |
| <input type="checkbox"/> Market timing services | \$ _____ | <input type="checkbox"/> Economic forecasting | \$ _____ |
| <input type="checkbox"/> Private placements | \$ _____ | <input type="checkbox"/> Other (specify) _____ | \$ _____ |

INSURANCE SERVICES LIABILITY

Complete this section only if coverage is desired.

1. Type of insurance offered: **% of Total Premium**
- | | |
|---|---------|
| <input type="checkbox"/> Credit Life & Disability | _____ % |
| <input type="checkbox"/> Homeowners & Personal Automobile | _____ % |
| <input type="checkbox"/> Health & Life | _____ % |

- Commercial P&C _____ %
 - Annuities _____ %
 - Consulting/Loss Control Services _____ %
 - Claims Adjusting/TPA _____ %
 - Other (specify) _____ %
- 100%**

2. Most recent year-end premium volume: \$ _____

FINANCIAL INSTITUTION BOND

Complete this section only if coverage is desired.

1. INTERNAL CONTROLS:

- a. Are all loan proceeds prepared and disbursed by someone other than the officer approving the loan? Yes No
- b. Does the Applicant fund loans or leases originated by mortgage brokers or leasing companies? Yes No
If Yes, signatures on all notes and documents are obtained by the: Applicant Broker or Leasing Company
 Other (specify) _____
- c. Are all currency shipments prepared, received and counted under dual control? Yes No
- d. Are employees' accounts segregated and reviewed for unusual activity at least monthly? Yes No
- e. Are dormant accounts flagged, segregated and maintained under dual control? Yes No
- f. Is there a formal program requiring the segregation of duties in every area, 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
- g. Are all employees required to take vacations each year, and are they prohibited from accessing their work stations during the vacation period? Yes No
If Yes, vacations are required for a period of: At least two consecutive weeks
 At least one consecutive week
- h. Check kite suspect reports are reviewed: Daily Weekly Other _____ Not Reviewed
- i. Are all accounts (including suspense accounts) reconciled at least monthly by individuals who have no authority to post transactions to the accounts? Yes No

If any of the answers to Question 1 are No, provide details by attachment.

2. COMPUTER SYSTEMS:

- a. Core processing is: Performed internally by the Applicant
 Outsourced (entirely) Vendor: _____ Outsourced (partially) Vendor: _____
- b. Specify all computer systems to be covered under the Bond (other than the Applicant's proprietary systems):

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

- 3. **BROKERAGE SERVICES:** If the Applicant provides brokerage services (either directly or indirectly), provide the following:
 - a. Type of brokerage services offered:
 - Referral-basis only (if applicable, skip to next section) Investment advisory services only
 - Discount brokerage only (purchase and sale of securities; no investment advice) Full-service brokerage
 - b. Brokerage services are offered by:
 - The Applicant's own employees
 - The Applicant's own employees, who are also managed and/or compensated by a third-party broker-dealer (i.e., "dual employees") Firm name: _____

LOSSES, PENDING LITIGATION AND CLAIMS HISTORY

All Applicants

1. Is the Applicant or any Subsidiary a defendant in any lawsuit which, if the allegations are proven, could materially affect the financial condition of the Applicant or any Subsidiary? Yes No

New Applicants Only

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 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
4. Has any carrier declined, cancelled or non-renewed any policy similar to the coverage herein applied for? (Missouri applicants are not required to respond to this question.) Yes No

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

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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.

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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.

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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

COMMUNITY BANK APPLICATION

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 JUDGMENTS OR SETTLEMENTS. PLEASE READ YOUR POLICIES CAREFULLY.

Applicant _____

(List all entities applying for coverage including all Subsidiaries)

Street 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 _____

PART I – GENERAL INFORMATION

1. a. The Applicant is a: Bank Bank Holding Company Financial Services Holding Co.
 Savings Bank Savings & Loan/Thrift Other: _____
- b. Corporate structure: C-Corporation S-Corporation Limited Liability Company
- c. Type of Ownership: Stock Company Mutual Company Other: _____

2. If Stock Company:

- a. Stock is: Privately Held Publicly Traded Ticker Symbol: _____ Exchange: _____
- b. Number of: _____ Shareholders Shares Outstanding _____ Shares owned directly/beneficially by D&Os
- c. List all persons or entities that own more than 10% of common stock (directly or beneficially) or debentures convertible to common stock, which if exercised, would result in a controlling interest of 10% or more of common stock. Indicate name, percentage owned and if such individuals/entity is represented on the board.

3. Number of: _____ Employees (full and part-time) Full Service Branches (including Main Office)
 _____ Off-Premise ATMs Limited Facilities (deposits but no lending)
 _____ Safe Deposit Boxes Safe Deposit Box Locations

4. List all Subsidiaries and most recent year-end income/assets:

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.

5. Has the Applicant or any Subsidiary completed any of the following during the past 3 years, or is such a transaction being contemplated during the next 12 months:
 - a. Stock offering, merger, consolidation, acquisition, divestment or sale of stock in excess of 10%

- of shares outstanding? Yes No
- b. Conversion from mutual to stock ownership or from Bank Holding Company to Financial Services Holding Company? Yes No
- c. Going private transaction, conversion from C-Corporation to Subchapter S-Corporation or any other transaction eliminating shareholders or listing of shares for sale on NASDAQ, NYSE or AMEX? Yes No

If any of the answers to Question 5 are yes, provide details by attachment. For stock offerings, attach Prospectus or Placement Memorandum.

6. MANAGEMENT:

- a. Indicate if there have been changes in any of the following management positions during the past 3 years for any reason other than retirement or death (provide details and attach resumes of new hires): No changes
 - Chairman of the Board Chief Executive Officer President
 - Internal Auditor Senior Loan Officer Senior Operations Officer
- b. During the past 3 years, has any past or present board member, officer or employee been charged with a crime or the subject of a criminal investigation or disciplinary proceeding by any regulatory agency or organization? **If yes, provide details by attachment.** Yes No
- c. During the past 3 years, have there been any problems involving extensions of credit to any director or officer? **If yes, provide details by attachment.** Yes No

7. INTERNAL/EXTERNAL AUDIT:

- a. The internal audit function is performed by: Employee(s) External Firm Not Performed
- b. Internal audits are performed: Monthly Quarterly Annually Other _____
- c. Summarize auditor's qualifications (or attach resumes) _____
- d. Is the Audit Committee comprised only of outside directors? Yes No
- e. Audit reports are submitted directly to the: Board of Directors (or) Audit Committee
- f. Type of external audit: Full scope Directors-scope Other _____
- g. The external audit is performed: Annually Other _____
- h. Was the most recent audit opinion unqualified (favorable)? Not Applicable Yes No
- i. Were any material weaknesses noted in the most recent Management Letter? Not Applicable Yes No
- j. **Attach a copy of the most recent audit report, Management Letter and Applicant's response.**

8. LOAN REVIEW:

- a. Loan reviews are conducted: Monthly Quarterly Annually Other _____
- b. The loan reviews performed by: Employees External Firm
- c. Current level of internal classified assets: Substandard \$ _____ Doubtful \$ _____ Loss \$ _____
- d. During the past 3 years, has any director or officer become aware from an internal audit or review any of the following conditions:
 - i. Concentrations of credit which warrant reduction or correction? Yes No
 - ii. Extensions of credit which exceed the legal lending limit? Yes No
 - iii. Conflict of interest transactions? Yes No

If any of the items in Question 8(d) apply, provide details by attachment.

9. REGULATORY INFORMATION (from the most recent exam):

- a. Regulatory Agency: _____ Date of Exam: _____
- b. Have all criticisms in the exam report been addressed by the board of directors? Yes No
- c. During the past 3 years has the Applicant or any Subsidiary been placed under or, to the best of your knowledge, does management anticipate any:
 - i. type of formal enforcement action, order or agreement; or Yes No
 - ii. memorandum of understanding requiring public disclosure as set forth by securities law? Yes No

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

10. **PROFESSIONAL SERVICES:** Check all services or business activities that are currently offered, or that the Applicant or any Subsidiary contemplates offering within the next 12 months:

- | | |
|--|---|
| <input type="checkbox"/> Services for Third Parties (check all that apply): | <input type="checkbox"/> Misc. Consumer Banking Services (check all that apply): |
| <input type="checkbox"/> Data Processing | <input type="checkbox"/> Notary public services |
| <input type="checkbox"/> Real estate agent/broker | <input type="checkbox"/> Administration or sale of credit cards |
| <input type="checkbox"/> Real estate appraisals | <input type="checkbox"/> Merchant processing services |
| <input type="checkbox"/> Property management | <input type="checkbox"/> Wire transfer services |
| <input type="checkbox"/> Title agency | <input type="checkbox"/> Sale money orders, traveler's and cashier's checks |
| <input type="checkbox"/> Brokerage Services (complete application 7860) | <input type="checkbox"/> Loan Servicing (for third parties) |
| <input type="checkbox"/> Insurance Services (complete application 7858) | <input type="checkbox"/> Mortgage Banking Services |
| <input type="checkbox"/> IRA/Keogh Account Administration | <input type="checkbox"/> Internet/Electronic Banking (complete application 6285) |
| <input type="checkbox"/> Trust Services (complete application 7855) | <input type="checkbox"/> Other: _____ |

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

PART II – LENDER LIABILITY (complete only if coverage is desired)

- If the Applicant or any Subsidiary services loans for third parties, estimate: Not Applicable
 Total Number of Loans _____ Dollar Value \$ _____
 - Is a written loan application required for every extension of credit? Yes No
 - Are signatures on loan notes and documents obtained in the presence of a bank employee, attorney, closing agent, escrow agent or title company employee (including loans originated by third parties)? Yes No
 - Estimate the percentage of total loans:
 - made outside the trade territory and specify states/area: _____
 Not Applicable 1 - 10% 11 - 20% > 25% States/area: _____
 - that are participations accepted from other originating financial institutions: _____ %
 - Estimate the dollar amount of loans in each of the following categories:
 \$ _____ Participations sold with recourse \$ _____ Unsecured commercial loans
 \$ _____ Dollar floor financing loans
 - Does the Applicant or any Subsidiary:
 - engage in sub-prime lending or focus on loans to people turned away by mainstream financial institutions? Yes No
 - make "payday loans" (cash advances on personal/paychecks held for future deposit)? Yes No
 - purchase brokered loans or "books" of loans? Yes No
 - originate loan syndications or securitizations? Yes No
 - use mortgage brokers to generate loans? Yes No
 - use third-party loan producers or operate a loan production office, facility or subsidiary? Yes No
- If yes, provide the approximate percentage of total loans in each category and net income derived from each activity: _____

PART III – FINANCIAL INSTITUTION BOND (complete only if coverage is desired)

- INTERNAL CONTROLS:**
 - Are all loan proceeds prepared/dispensed by someone other than the officer approving the loan? Yes No
 - Are signatures on all notes and documents obtained in the presence of a bank employee, attorney, closing agent, escrow agent or title company employee (including loans originated by third parties)? Yes No
 - Are all currency shipments prepared, received and counted under dual control? Yes No
 - Are the main and reserve cash vaults in each location maintained under dual control? Yes No
 - Maximum cash held in main vault of any location? \$ _____

- f. Are account statements sent out on a monthly basis? Yes No
- g. Are tellers prohibited from cashing checks for non-customers? Yes No
- h. Are makers' signatures verified on checks in excess of \$10,000 drawn on the Applicant? Yes No
- i. Prior to honoring a written or faxed funds transfer request, is the authenticity of the request verified by signature verification and a call-back or similar security procedure? Yes No
- j. Are employees' accounts segregated and reviewed for unusual activity at least monthly? Yes No
- k. Are dormant accounts flagged, segregated and maintained under dual control? Yes No
- l. Is there a formal program requiring segregation of duties in every area so that no single transaction can be fully controlled from start to finish by one person? Yes No
 If no, is there a formal program requiring the rotation of duties of key positions without prior notice thereof? Yes No
- m. Does Management require annual vacations for all employees and restrict access to work areas during the vacation period of at least: (check one) One Week (or) Two Weeks
- n. How often is a check kite suspect report reviewed (daily, weekly, etc.)? _____
- o. Are all safe deposit boxes located in a vault with dual key entry? Yes No
- p. Are official checks reconciled by individuals other than those authorized to issue them? Yes No
- q. Are official checks/drafts preprinted, sequentially numbered and maintained under dual control? Yes No
- r. Is the aging of suspense accounts reviewed at least weekly by management? Yes No

If any of the answers to Question 1 are no, provide details by attachment.

2. COMPUTER SYSTEMS:

- a. Core processing is: Outsourced Vendor: _____
 Processed internally
 Processed internally and outsourced Vendor: _____
- b. Internet/PC banking is: Not offered Processed internally
 Outsourced Vendor: _____
- c. Other systems to be covered under the bond (in addition to the Applicant's proprietary computer systems): _____

PART IV – FIDUCIARY LIABILITY (complete only if coverage is desired)

- 1. Plan Names: _____ Total Assets: \$ _____
- 2. Are there any Defined Benefit Plans? Yes No
- 3. Does any Plan have a funding deficiency? Yes No
- 4. Is any Plan an Employee Stock Ownership Plan? If yes, % of Company stock owned: _____% Yes No

PART V – EMPLOYMENT PRACTICES LIABILITY (complete only if coverage is desired)

- 1. Number of Employees in HR/Personnel Department: _____
- 2. Have there been in the past 12 months, or does the Applicant anticipate in the next 12 months, any branch or office closings, layoffs, or reorganization? **If yes, provide details by attachment.** Yes No
- 3. Has employee turnover exceeded 25% in either of the past 2 years? Yes No
- 4. Does the Applicant have a written Sexual Harassment Policy? Yes No
- 5. Does the Applicant have a written personnel manual? Yes No
 - a. If yes, does it include an employment-at-will statement? Yes No
 - b. Date the manual was last updated: _____
 - c. Is the manual reviewed annually by legal counsel for compliance with applicable statutes and regulations? Yes No
- 6. When necessary, does the Applicant seek legal counsel prior to terminating an employee? Yes No

PART VI – LOSSES, PENDING LITIGATION AND CLAIMS HISTORY

Renewal Applicants Only

- 1. Are there any claims or potential claims that have not been reported to the Insurer involving the Company, any Subsidiary or any Insured Person resulting from their activities as such? Yes No
- 2. Is the Applicant or any Subsidiary a defendant in any lawsuit which, if the allegations are proven, could materially affect the financial condition of the Applicant or any Subsidiary? Yes No

IT IS UNDERSTOOD AND AGREED THAT IF THE UNDERSIGNED OR ANY INSURED HAS KNOWLEDGE OF ANY FACT, CIRCUMSTANCE OR SITUATION INVOLVING ANY OTHER INSURED 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 Only

- 1. During the past 3 years, have there been or are there now any lawsuits, or written or oral demands involving the Applicant, any Subsidiary or any past or present director, officer or employee? 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 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
- 4. Has any carrier declined, cancelled or non-renewed any policy similar to the coverage herein applied for? (Missouri applicants are not required to respond to this question.) Yes No

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 EXISTS, ANY CLAIM OR ACTION SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE.

If any of the answers in Part VI are yes, provide details by attachment.

PART VII - REPRESENTATION STATEMENT

The undersigned declare that, to the best of their knowledge and belief, the statements in this Application, and any additional material submitted, are true and complete, and that reasonable efforts have been made to obtain sufficient information from each and every individual or entity proposed for this insurance to facilitate the proper and accurate completion of this Application.

It is further agreed by the Applicant that the particulars and statements contained in this Application (a copy of which will be attached to the Bond/Policy), any prior Applications upon which a Bond/Policy was issued, and any material submitted in connection with any such current or prior Application (which shall be on file with the Insurer and be deemed attached to the Bond/Policy, if physically attached) are the basis of the Bond/Policy and are to be considered as incorporated in and constituting a part of the Bond/Policy. It is further agreed by the Applicant that the statements in this Application or any material submitted therewith are their representations, and 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 Underwriter to complete the insurance or to issue any particular Bond/Policy. If a Bond/Policy is issued, it is understood and agreed that the Underwriter relied upon this Application, any previous Applications, and any additional material submitted in issuing each such Bond/Policy and any Endorsements thereto. The undersigned further agrees that if the statements in this Application or any other materials submitted 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 Underwriter immediately.

PART VIII - 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 hereto, 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: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, makes a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

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

OHIO: Any person who, with intent to defraud or knowingly 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.

OKLAHOMA: WARNING: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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, OH 44124
Telephone: (800) 274-5222 • Fax: (800) 456-6590 • Website: banks.progressive.com

PROGRESSIVE CASUALTY INSURANCE COMPANY

APPLICATION ADDENDUM

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 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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MAINE and 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 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.

OKLAHOMA WARNING: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

SERFF Tracking Number: PRGS-125292312 *State:* Arkansas
Filing Company: Progressive Casualty Insurance Company *State Tracking Number:* AR-PC-07-026087
Company Tracking Number: AR-EPL-APPS-R&AF-0807
TOI: 17.1 Other Liability - Claims Made Only *Sub-TOI:* 17.1010 Employment Practices Liability
Product Name: Employment Practices Liability Insurance
Project Name/Number: AR-EPL-APPS-R&AF-0807/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PRGS-125292312

State: Arkansas

Filing Company: Progressive Casualty Insurance Company

State Tracking Number: AR-PC-07-026087

Company Tracking Number: AR-EPL-APPS-R&AF-0807

TOI: 17.1 Other Liability - Claims Made Only

Sub-TOI: 17.1010 Employment Practices Liability

Product Name: Employment Practices Liability Insurance

Project Name/Number: AR-EPL-APPS-R&AF-0807/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

09/20/2007

Comments:

Attachment:

AR EPL Uniform transmittal-form.pdf

Satisfied -Name: Forms List

Review Status:

Approved

09/20/2007

Comments:

Attachment:

AR EPL Submitted Forms List.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

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 #

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: _____
14. Effective Date(s) Requested	New: _____ Renewal: _____

Property & Casualty Transmittal Document---

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
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]
<p>Check #: Amount:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> <p>***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)</p>	

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 #				
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			[] New [] Replacement [] Withdrawn		
02			[] New [] Replacement [] Withdrawn		
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[] New [] Replacement [] Withdrawn		

**PROGRESSIVE CASUALTY INSURANCE COMPANY
EMPLOYMENT PRACTICES LIABILITY**

Submitted Forms List

ARKANSAS

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

REVISED FORMS

3100	(07/07)	Employment Practices Liability Application
3138	(07/07)	Midterm Application for Increased Limits or Coverage Enhancements
3139	(07/07)	In-Organization (De Novo) Application
4605	(07/07)	Application Update
7855	(07/07)	Trust Company Application

Old Form w/description

3100	(06/06)	Employment Practices Liability Application
3138	(01/05)	Midterm Application for Increased Limits or Coverage Enhancements
3139	(06/06)	In-Organization Application
4605	(06/06)	Application Update
7855	(06/06)	Trust Company Application

NEW FORM

3116	(07/07)	Community Bank Application
3117	(07/07)	Financial Institution Application

WITHDRAWN FORMS

3115	(06/06)	Community Bank Application
7900	(06/06)	Application Addendum – Fraud Warnings