

SERFF Tracking Number: PRGS-125293578 State: Arkansas  
Filing Company: Progressive Casualty Insurance Company State Tracking Number: AR-PC-07-026106  
Company Tracking Number: AR-BOND-APPS-R&AF-0807  
TOI: 23.0 Fidelity Sub-TOI: 23.0000 Fidelity  
Product Name: Fidelity & Forgery (F24/CSD)  
Project Name/Number: AR-BOND-APPS-R&AF-0807

## Filing at a Glance

Company: Progressive Casualty Insurance Company

Product Name: Fidelity & Forgery (F24/CSD) SERFF Tr Num: PRGS-125293578 State: Arkansas  
TOI: 23.0 Fidelity SERFF Status: Closed State Tr Num: AR-PC-07-026106  
Sub-TOI: 23.0000 Fidelity Co Tr Num: AR-BOND-APPS- R&AF-0807 State Status:  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding  
Authors: Plg Com2, Plg Com3, Plg Com4, Plg Com 5, Plg Com 6 Disposition Date: 09/24/2007  
Date Submitted: 09/17/2007 Disposition Status: Approved  
Effective Date Requested (New): 11/01/2007 Effective Date (New): 11/01/2007  
Effective Date Requested (Renewal): 11/01/2007 Effective Date (Renewal): 11/01/2007

## General Information

Project Name: AR-BOND-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: 09/24/2007  
State Status Changed: 09/17/2007 Deemer Date:  
Corresponding Filing Tracking Number: N/A  
Filing Description:  
RE: Progressive Casualty Insurance Company  
NAIC No. 155-24260 FEIN No. 34-6513736  
Fidelity and Forgery – Line of Business - 23  
Financial Institution Bond (F24)  
Combination Safe Depository Policy (CSD)  
Revised and Amended Form Filing  
Company Filing # AR-BOND-APPS-R&AF-0807

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Previous Filing # AR-BOND-R&AF-02/07

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

To Whom It May Concern:

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

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

This filing is being submitted on a countrywide basis and is approved in our domicile state of Ohio. We are submitting this filing on a "prior approval" provision. 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 37545 or email me at vicki\_hartman@progressive.com.

## Company and Contact

### Filing Contact Information

Vicki Hartman, Compliance Specialist  
5910 Landerbrook Dr  
Mayfield Heights, OH 44124

vicki\_hartman@progressive.com  
(440) 603-7545 [Phone]  
( ) -[FAX]

### Filing Company Information

Progressive Casualty Insurance Company  
6300 Wilson Mills Road  
Mayfield Village, OH 44143

CoCode: 24260  
Group Code: 155  
Group Name:

State of Domicile: Ohio  
Company Type:  
State ID Number:

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(440) 461-5000 ext. [Phone]

FEIN Number: 34-6513736

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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	09/17/2007	15657768

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/24/2007	09/24/2007

*SERFF Tracking Number:* PRGS-125293578      *State:* Arkansas  
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*TOI:* 23.0 Fidelity      *Sub-TOI:* 23.0000 Fidelity  
*Product Name:* Fidelity & Forgery (F24/CSD)  
*Project Name/Number:* AR-BOND-APPS-R&AF-0807/

## **Disposition**

Disposition Date: 09/24/2007

Effective Date (New): 11/01/2007

Effective Date (Renewal): 11/01/2007

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	Submitted Forms List	Approved	Yes
Form	Financial Institution Bond & Combination Safe Depository Application	Approved	Yes
Form	Midterm Application for Increased Limits or Coverage Enhancements	Approved	Yes
Form	In-Organization (De Novo) Application	Approved	Yes
Form	Application Update	Approved	Yes
Form	Trust Company Application	Approved	Yes
Form	Community Bank Application	Approved	Yes
Form	Financial Institution Application	Approved	Yes
Form	Debit Card Application	Approved	Yes
Form	Community Bank Application	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Financial Institution Bond & Combination Safe Depository Application	3120	(07/07)	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 3120 (08/05) Previous Filing #: AR-PC-05-016164		3120 Bond Application.pdf
Approved	Midterm Application for Increased Limits or Coverage Enhancements	3138	(07/07)	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 3138 (01/05) Previous Filing #: AR-PC-05-016164		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 (08/05) Previous Filing #: AR-PC-05-016164		3139 07-07 De Novo Application.pdf
Approved	Application Update	4605	(07/07)	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 4605 (12/06) Previous Filing #: SERFF # PRGS-125125485		4605 07-07 Application Update.pdf
Approved	Trust Company Application	7855	(07/07)	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 7855 (02/03) Previous Filing #: AR-PC-03-007081		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 - \$150 to \$1 billion.pdf
Approved	Debit Card	7825	(07/07)	Application/ New		0.00	7825 - 07-07

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

Application	Binder/Enrollment	Debit Card.pdf
Approved Community Bank 3115 Application (08/05)	Application/Withdrawn Binder/Enrollment	3115 08-05 Community Bank-withdrawn.pdf
	Replaced Form #:0.00 N/A Previous Filing #: AR-PC-05-016164	



# PROGRESSIVE CASUALTY INSURANCE COMPANY

## FINANCIAL INSTITUTION BOND & COMBINATION SAFE DEPOSITORY APPLICATION

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 \_\_\_\_\_

### GENERAL INFORMATION

1. a. The Applicant is a:     Bank                                       Bank Holding Company                                       Financial Services Holding Co.  
     Savings Bank                                       Savings & Loan/Thrift                                       Other \_\_\_\_\_

- b. Type of ownership:     Stock Company                                       Mutual Company                                       Other \_\_\_\_\_

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

3. 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.**

4. **PROFESSIONAL SERVICES:** Indicate all services that are now offered or that the Applicant contemplates offering within the next 12 months:

- |  |  |
|--|--|
| <input type="checkbox"/> Data processing (for third parties)<br><input type="checkbox"/> Mortgage banking/loan servicing (for third parties)<br><input type="checkbox"/> Internet or application service provider/<br>network hosting services (for third parties)<br><input type="checkbox"/> Real estate services (for third parties)<br><input type="checkbox"/> Merchant services/credit card processing | <input type="checkbox"/> Trust services<br><input type="checkbox"/> Dealer floor planning<br><input type="checkbox"/> Payday or subprime lending<br><input type="checkbox"/> Other (specify) _____<br>_____<br>_____ |
|--|--|

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

5. **BROKERAGE SERVICES:** If the Applicant provides brokerage services (either directly or indirectly), provide the following:

- a. Type of brokerage services offered:
- |  |   |
|--|---|
| <input type="checkbox"/> Referral-basis only (if applicable, skip to next section)<br><input type="checkbox"/> Discount brokerage only (purchase and sale of securities; no investment advice) | <input type="checkbox"/> Investment advisory services only<br><input type="checkbox"/> 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: \_\_\_\_\_

## LEVELS OF REVIEW & INTERNAL CONTROLS

### 1. 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: \_\_\_\_\_
- m. Have all criticisms in the exam report been addressed by the board of directors?  Yes     No
- n. 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 1(m) is No or 1(n) is Yes, provide details by attachment.**

### 2. INTERNAL CONTROLS:

- a. Are all loan proceeds prepared and disbursed by someone other than the officer approving the loan?  Yes     No
- b. 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
- c. 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) \_\_\_\_\_
- d. Are all currency shipments prepared, received and counted under dual control?  Yes     No
- e. Are employees' accounts segregated and reviewed for unusual activity at least monthly?  Yes     No
- f. Are dormant accounts flagged, segregated and maintained under dual control?  Yes     No
- g. 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
- h. 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
- i. Check kite suspect reports are reviewed:  Daily     Weekly     Other \_\_\_\_\_  Not Reviewed
- j. 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 2 are No, provide details by attachment.

3. **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.**

- c. Internet / PC banking is:  Not offered  Offered by the Applicant (in house)  
 Outsourced (entirely) Vendor: \_\_\_\_\_  Outsourced (partially) Vendor: \_\_\_\_\_
- d. Are exception reports reviewed on a daily basis which would reveal: (1) restricted transactions; (2) the correction/reversal of entries; and (3) unsuccessful attempts to access the system/restricted information?  
 Yes (reviewed by the Applicant)  Yes (reviewed by the vendor)  Not reviewed
- e. Are formal procedures in place to report and respond to unauthorized attempts to access the Applicant's computer systems?  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. During the past 3 years, 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
- 3. Have there been any Financial Institution Bond losses in excess of \$5,000 during the past 3 years, whether reimbursed or not?  Yes  No
- 4. 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
- 5. 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'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 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. If a Bond is issued, it is understood and agreed that the Insurer relied upon this Application in issuing each such Bond and any Endorsements thereto. The undersigned further agrees that if the statements in this Application change before the effective date of any proposed Bond, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately.

### FRAUD WARNINGS

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

**COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

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

**MAINE, TENNESSEE and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

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

#### Chief Executive Officer, President or Chairman of the Board:

Print Name:	Signature:
Title:	Date:

#### Chief Financial Officer or Equivalent Officer:

Print Name:	Signature:
Title:	Date:

**A BOND 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

## 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.

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

**Agent Name** \_\_\_\_\_ **License Number** \_\_\_\_\_

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

# PROGRESSIVE CASUALTY INSURANCE COMPANY

## IN-ORGANIZATION (DE NOVO) APPLICATION

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

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

Applicant \_\_\_\_\_

*(List all entities applying for coverage including all Subsidiaries)*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

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

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

### GENERAL INFORMATION

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

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

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

Type of ownership:  Stock Company     Mutual Company     Other \_\_\_\_\_

Stock will be:

<input type="checkbox"/> Privately held	<input type="checkbox"/> Publicly traded	Ticker Symbol _____	Exchange _____
---	--	---------------------	----------------
3. Projected number of:
 

Shareholders _____	Shares outstanding _____
Shares owned directly or beneficially by directors, officers and employees _____	

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

5. Estimate the following:

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



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

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

### LOSSES, PENDING LITIGATION AND CLAIMS HISTORY

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

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

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

### REPRESENTATION STATEMENT

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

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

### FRAUD WARNINGS

**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:

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

# PROGRESSIVE CASUALTY INSURANCE COMPANY

## APPLICATION UPDATE

FDIC No. \_\_\_\_\_

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

Applicant \_\_\_\_\_

*(List all entities applying for coverage including all Subsidiaries)*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

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

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

### REPRESENTATION STATEMENT

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

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

**FRAUD WARNINGS**

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

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**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.

**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:

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# 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)		\$	\$	\$	\$	\$
<b>TOTAL</b>		\$	\$	\$	\$	\$

- 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		\$
<b>TOTAL</b>		\$

**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.

**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.

### 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 proceeding the Bond/Policy's inception, and any amendments thereto [hereinafter called "Application"] are true, accurate and complete, and that reasonable efforts have been made to obtain sufficient information from each and every individual or entity proposed for this insurance. It is further agreed by the Applicant that the statements in this Application are their representations, they are material and that the Bond/Policy is issued in reliance upon the truth of such representations.

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

### FRAUD WARNINGS

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

**COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

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

**MAINE, TENNESSEE and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

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

**Chief Executive Officer, President or Chairman of the Board:**

Print Name:	Signature:
Title:	Date:

**Chief Financial Officer or Equivalent Officer:**

Print Name:	Signature:
Title:	Date:

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

Agent Name \_\_\_\_\_ License Number \_\_\_\_\_

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

# PROGRESSIVE CASUALTY INSURANCE COMPANY

## 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 resolution 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)
    - Discount brokerage only (purchase and sale of securities; no investment advice)
    - Investment advisory services only
    - 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.**

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

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

## REPRESENTATION STATEMENT

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

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

## FRAUD WARNINGS

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

**COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

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

**MAINE, TENNESSEE and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

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

**Chief Executive Officer, President or Chairman of the Board:**

Print Name:	Signature:
Title:	Date:

**Chief Financial Officer or Equivalent Officer:**

Print Name:	Signature:
Title:	Date:

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

Agent Name \_\_\_\_\_ License Number \_\_\_\_\_

Submit Application to:

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

# PROGRESSIVE CASUALTY INSURANCE COMPANY

## DEBIT CARD APPLICATION

FDIC No. \_\_\_\_\_

Applicant \_\_\_\_\_

(List all entities applying for coverage including all Subsidiaries)

### GENERAL INFORMATION

1. Number of: Debit Cards (Visa Checkcards, MasterCard Money Cards, etc.) \_\_\_\_\_  
ATM Cards (PIN only) \_\_\_\_\_
2. Is Card Activation required for all newly issued and reissued debit cards?  Yes  No
3. Are all debit cards issued with a Card Verification Value (CVV) or Card Validation Code (CVC)?  Yes  No
4. Are exception reports monitored on a daily basis?  Yes  No
5. When ATM cards are issued, is the PIN sent separately from the card?  Yes  No
6. Does the Applicant utilize the services of a Neural Network (CRIS, Falcon, etc.)?  Yes  No
7. What is the debit single purchase transaction limit? \$ \_\_\_\_\_
8. What limit does the ATM system impose on daily cash withdrawals? \$ \_\_\_\_\_
9. List amount and date of any debit card losses or potential losses sustained during the past 3 years, whether reimbursed or not: \_\_\_\_\_

### 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'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 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. If a Bond is issued, it is understood and agreed that the Insurer relied upon this Application in issuing each such Bond and any Endorsements thereto. The undersigned further agrees that if the statements in this Application change before the effective date of any proposed Bond, 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.

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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 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

### DIRECTORS & OFFICERS LIABILITY / COMPANY LIABILITY / EMPLOYMENT PRACTICES LIABILITY FINANCIAL INSTITUTION BOND / COMBINATION SAFE DEPOSITORY

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.

FDIC No. \_\_\_\_\_

Name of 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 from the Insurer on behalf of all persons and entities proposed for this insurance:

Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

#### PART I – GENERAL INFORMATION

1. Current number of:

\_\_\_\_\_ Employees (full and part-time) \_\_\_\_\_ Safe Deposit Locations  
\_\_\_\_\_ Full-Service Branches (including main office) \_\_\_\_\_ Safe Deposit Boxes \_\_\_\_\_ Off-Premises ATMs  
\_\_\_\_\_ Shareholders \_\_\_\_\_ Shares Outstanding \_\_\_\_\_ % Insider Ownership  
\_\_\_\_\_ Shareholders owning more than 10% of shares outstanding (please identify)

2. Type of Ownership:  Stock Company  Mutual Company  Other \_\_\_\_\_

Stock is:  Publicly Traded Ticker Symbol: \_\_\_\_\_ Exchange:  OTC/BB  NYSE/AMEX/NASDAQ  
 Privately Held

3. Has the Applicant or any subsidiary completed any of the following during the past 3 years, or is such a transaction planned or under consideration during the next 12 months:

Stock offering, merger, consolidation, acquisition, tender offer, elimination of shareholders, conversion from mutual to stock ownership, conversion from a Bank Holding Company to a Financial Services Holding Company, or listing of shares for sale on NASDAQ, NYSE, AMEX?  Yes  No  
**If yes, provide details by attachment.**

4. 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

5. Does the Applicant have a written sexual harassment policy and employment application?  Yes  No

6. Has employee turnover exceeded 25% in either of the past 2 years?  Yes  No

7. Check all activities currently offered, or that the Applicant or any subsidiary contemplates offering within the next 12 months:

- Data Processing Services (for third parties)
- Brokerage/Investment Advisory Services     Using Employees     Using Third Parties    Annual Revenue \$ \_\_\_\_\_
- Insurance Sales    Annual Revenue \$ \_\_\_\_\_
- Internet Banking (Transactional)
- Internet/Application Service Provider/Network Hosting Services for third parties
- Real Estate Brokerage/Real Estate Appraisal Service (third party) / Title Company
- Trust Services    Total Assets \$ \_\_\_\_\_
- Lending Outside of Territory > 25% of Loan Portfolio
- Payday or Subprime Lending
- Mortgage Banking/Loan Servicing for a Fee    Annual Volume \$ \_\_\_\_\_
- Use of Third Party Loan Producers    Loan Volume \$ \_\_\_\_\_
- Dealer Floor Planning    Loan Volume \$ \_\_\_\_\_
- Merchant Services/Credit Card Processing
- Investment Banking/Securities Underwriting/Dealing/Merchant Banking/Private Equity Investing
- Other \_\_\_\_\_

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

8. **Management:**

Indicate if there have been any 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
- Senior Operations Officer     Internal Auditor     Senior Loan Officer

9. **External Audit:**

- a. Type of external audit:     Full-scope     Directors-scope     Other \_\_\_\_\_
- b. The external audit is performed:     Annually     Bi-Annual     Other \_\_\_\_\_
- c. Was the most recent full scope audit opinion unqualified (favorable)?     Not Applicable     Yes     No
- d. Were any material weaknesses noted in the most recent Management Letter?     Not Applicable     Yes     No

10. **Internal Audit / Loan Review:**

- a. The internal audit function is performed by:
    - Employee(s)     External Firm     Not Performed
  - b. Are audit reports submitted directly to the board of directors/trustees or the Audit Committee?     Yes     No
  - c. Is the Audit Committee comprised only of outside directors/trustees?     Yes     No
  - d. Loan reviews are conducted:     Monthly     Quarterly     Annually     Other \_\_\_\_\_
- By:     Employee(s)     External Firm

11. **Regulatory Information from the most recent exam:**

- a. Regulatory Agency: \_\_\_\_\_    Date of Last Exam: \_\_\_\_\_
- b. Have all criticisms in the exam report been addressed by the board of directors/trustees?  
**If no, provide details by attachment.**     Yes     No
- c. Did the total dollar amount of classified assets exceed 40% of capital?     Yes     No
- d. During the past 3 years, has the Applicant or any subsidiary been placed under, or does management anticipate any type of regulatory order, agreement, or action?  
**If yes, provide details by attachment.**     Yes     No

12. **Fiduciary Liability Information:** Plan Name: \_\_\_\_\_ Total Assets: \$ \_\_\_\_\_

- a. Are there any Defined Benefit Plans?  Yes  No  
If yes, are the Defined Benefit Plans fully funded?  Yes  No
- b. Is any Plan an Employee Stock Ownership Plan?  Yes  No  
If yes, what percent of Company stock is owned by the Employee Stock Ownership Plan? \_\_\_\_\_

13. **Computer Systems:**

- a. Core processing is:  outsourced Vendor: \_\_\_\_\_  
 processed on the Applicant's in-house system  
 processed on both external (Vendor: \_\_\_\_\_) and in-house systems
- b. Internet/PC banking is  outsourced Vendor: \_\_\_\_\_  
 processed on the Applicant's in-house system  
 not offered
- c. Other systems to be covered under the Bond in addition to the Applicant's proprietary systems: \_\_\_\_\_

**PART II – INTERNAL CONTROLS**

1. Are all loan proceeds prepared and disbursed by someone other than the officer approving the loan?  Yes  No
2. 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
3. Are all currency shipments prepared, received, and counted under dual control?  Yes  No
4. 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? \$ \_\_\_\_\_
5. Are tellers prohibited from cashing checks for non-customers?  Yes  No  
If no, does the Applicant have a procedure in place to verify funds availability and authenticity of checks presented by non-customers?  Not Applicable  Yes  No
6. Are makers signatures verified on all checks in excess of \$10,000 drawn on the Applicant?  Yes  No  
If no, in excess of what amount are makers signatures verified? \$ \_\_\_\_\_
7. Are account statements sent out on a monthly basis? If not, how often? \_\_\_\_\_  Yes  No
8. Are employees' accounts segregated and reviewed for unusual activity at least monthly?  Yes  No
9. Are dormant accounts flagged, segregated and maintained under dual control?  Yes  No
10. 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 regular, frequent rotation of duties without prior notice thereof?  Yes  No
11. Does management require annual vacations of at least two consecutive weeks for all employees and prohibit access to work stations during the vacation period?  Yes  No  
If no, does management require annual vacations of at least one consecutive week?  Yes  No
12. How often is a check kite suspect report reviewed (daily, weekly, etc.)? \_\_\_\_\_
13. Are all safe deposit boxes located in a vault with dual key entry?  Yes  No
14. Are official checks reconciled by individuals other than those authorized to issue them?  Yes  No

**If any of the answers to the above Questions are no, provide details by attachment.**

**PART III – LOSSES, PENDING LITIGATION AND CLAIMS HISTORY**

**Renewal Applicants Only**

1. Are there any claims or potential claims that have not been reported to Progressive involving the Company, any subsidiary, or any Insured Person resulting from their activities as such?  Yes  No
2. Is the Company or any subsidiary a defendant in any lawsuit which, if the allegations are proven, could materially affect the financial condition of the Company 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 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/trustee, 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. 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
4. Does the undersigned or any director/trustee or officer have any knowledge of any fact, circumstance or situation involving the Applicant, its subsidiaries, or any past or present director/trustee, officer or employee, which could reasonably be expected to give rise to a future liability claim or Bond loss?  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 to the Questions in Part III above are yes, provide details by attachment.

**PART IV - 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, 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 as 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 V - 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:** 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 of 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.

**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.

By \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

**Signature of the Chief Executive Officer  
(or other Senior Officer if the Chief Executive Officer is also the Chairman of the Board)**

By \_\_\_\_\_ Date \_\_\_\_\_

**Signature of the Chairman of the Board**

**A BOND/POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS SIGNED AND 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

*SERFF Tracking Number:* PRGS-125293578      *State:* Arkansas  
*Filing Company:* Progressive Casualty Insurance Company      *State Tracking Number:* AR-PC-07-026106  
*Company Tracking Number:* AR-BOND-APPS-R&AF-0807  
*TOI:* 23.0 Fidelity      *Sub-TOI:* 23.0000 Fidelity  
*Product Name:* Fidelity & Forgery (F24/CSD)  
*Project Name/Number:* AR-BOND-APPS-R&AF-0807/

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: PRGS-125293578 State: Arkansas  
Filing Company: Progressive Casualty Insurance Company State Tracking Number: AR-PC-07-026106  
Company Tracking Number: AR-BOND-APPS-R&AF-0807  
TOI: 23.0 Fidelity Sub-TOI: 23.0000 Fidelity  
Product Name: Fidelity & Forgery (F24/CSD)  
Project Name/Number: AR-BOND-APPS-R&AF-0807

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/24/2007

**Comments:**

**Attachment:**

AR-Uniform transmittal-form.pdf

**Satisfied -Name:** Submitted Forms List **Review Status:** Approved 09/24/2007

**Comments:**

**Attachment:**

AR-BOND Submitted Forms List.pdf

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

**1. Reserved for Insurance Dept. Use Only**

<b>2. Insurance Department Use only</b>	
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	

<b>3. Group Name</b>	<b>Group NAIC #</b>

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

<b>5. Company Tracking Number</b>	
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**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:    _____



## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
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**  
**FINANCIAL INSTITUTION BOND (F24)/COMBINATION SAFE DEPOSITORY (CSD)**

**Submitted Forms List**

**ARKANSAS**

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

**REVISED FORMS**

3120	(07/07)	Financial Institution Bond & Combination Safe Depository 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**

3120	(08/05)	Application for Financial Institution Bond
3138	(01/05)	Midterm Application for Increased Limits or Coverage Enhancements
3139	(08/05)	In-Organization Application
4605	(12/06)	Application Update
7855	(02/03)	Trust Company Application

**NEW FORM**

3116	(07/07)	Community Bank Application
3117	(07/07)	Financial Institution Application
7825	(07/07)	Debit Card Application

**WITHDRAWN FORMS**

3115	(08/05)	Community Bank Application
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