

# Application

## COMBINATION SAFE DEPOSITORY POLICY FOR FINANCIAL INSTITUTION

FL- 033 SDB



APPLICATION IS HEREBY MADE BY: (Exact name of Insured) \_\_\_\_\_

PRINCIPAL ADDRESS: (Herein called the insurer) \_\_\_\_\_

FOR A COMPUTER CRIME POLICY FOR FINANCIAL INSTITUTIONS TO BECOME EFFECTIVE AS OF 12:01 A.M. ON \_\_\_\_\_

TO 12:01 A.M. ON \_\_\_\_\_ IN THE AGGREGATE LIMIT OF LIABILITY OF \$ \_\_\_\_\_

1. COMPLETE THE FOLLOWING FOR FORMS AND AMOUNTS OF COVERAGE DESIRED:

- | FORMS OF COVERAGE   | LIMITS OF INSURANCE |
|---|---------------------|
| (A) LIABILITY OF DEPOSITORY – INSURING AGREEMENT A  | \$ _____            |
| (B) LOSS OF CUSTOMERS' PROPERTY: PREMISES DAMAGE – INSURING AGREEMENT B<br>INCLUDING [ ] OR EXCLUDING [ ] COVERAGE ON MONEY | \$ _____            |
| (C) A AND B COMBINED- SINGLE LIMIT OF INSURANCE<br>INCLUDING [ ] OR EXCLUDING [ ] COVERAGE ON MONEY, UNDER B                | \$ _____            |
| PREMIUM PAYABLE: ANNUAL [ ] THREE YEAR PREPAID [ ] THREE YEAR IN EQUAL ANNUAL INSTALLMENTS [ ]                              |                     |

2. TOTAL NUMBER OF LOCATION WITH A SAFE DEPOSIT BOX EXPOSURE: \_\_\_\_\_

3. TOTAL NUMBER OF RENTED SAFE DEPOSIT BOXES AT ALL LOCATIONS COVERED: \_\_\_\_\_

4. LIST LOCATIONS TO BE EXCLUDED FROM COVERAGE: \_\_\_\_\_

5. INTERNAL CONTROLS

- |   |         |        |
|---|---------|--------|
| (A) ARE ALL SAFE DEPOSIT BOX RENTERS IDENTIFIED AND THEIR ADDRESSES VERIFIED?   | YES [ ] | NO [ ] |
| (B) ARE MASTER SIGNATURE CARDS MAINTAINED AND COMPARED BEFORE EACH ENTRY BY BOX RENTER?   | YES [ ] | NO [ ] |
| (C) ARE CUSTOMERS PERMITTED IN VAULT ONLY WITH ATTENDANT?   | YES [ ] | NO [ ] |
| (D) IS A PERMANENT RECORD OF ENTRY DATES AND SIGNATURES OF ENTRANTS MAINTAINED?   | YES [ ] | NO [ ] |
| (E) DO ALL BOXES REQUIRE TWO KEYS TO OPEN?  | YES [ ] | NO [ ] |
| (F) IS IT HARD-AND-FAST RULE THAT CUSTOMERS ARE NEVER PERMITTED TO LEAVE KEYS AT THE BANK?  | YES [ ] | NO [ ] |
| (G) ARE DECEASED CUSTOMER RULES WRITTEN AND ESTABLISHED?  | YES [ ] | NO [ ] |
| (H) ARE LOCKS CHANGED WHENEVER A CUSTOMER'S KEY IS LOST OR BOX IS VACATED?  | YES [ ] | NO [ ] |
| (I) WHEN A BOX IS ABANDONED, ENTERED BY COURT ORDER, OR UPON DEATH OF A BOX-HOLDER ARE AT LEAST TWO RESPONSIBLE OFFICIALS OF THE DEPOSITORY PRESENT TO VERIFY AND INVENTORY CONTENTS? | YES [ ] | NO [ ] |

6. HAS ANY INSURANCE BEEN DECLINED OR CANCELLED DURING THE PAST THREE YEARS? YES [ ] NO [ ]

If "Yes", explain

7. LIST ALL LOSSES SUSTAINED DURING THE PAST THREE YEARS, WHETHER REIMBURSED OR NOT FROM \_\_\_\_\_ TO \_\_\_\_\_  
CHECK IF NONE [ ]

DATE OF LOSS	TYPE OF LOSS	AMOUNT OF LOSS	AMOUNT RECOVERED FROM INSURANCE	AMOUNT RECOVERED FROM OTHER THAN INSURANCE	AMOUNT OF LOSS PENDING	IF LOSS OCCURRED AT OTHER THAN MAIN OFFICE, STATE LOCATION
		\$	\$	\$	\$	\$

THE INSURED REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY BOND ISSUED IN RELIANCE UPON SUCH INFORMATION.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

DATED AT: \_\_\_\_\_ THIS: \_\_\_\_\_ DAY OF: \_\_\_\_\_ YEAR: \_\_\_\_\_

\_\_\_\_\_  
(Insured) BY: \_\_\_\_\_  
(Name and Title)

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