Application CREDIT UNION BOND FORM 23

FL- 033 BOND 23



APPLICATION IS HEREBY MADE BY (Exact Name of Insured) PRINCIPAL ADDRESS (Herein called the insured)				
FOR A CREDIT UNION BLANKET BOND, STANDARD FORM NO. 23, TO BECOME EFFECTIVE OR TO BE CONTINUED AS OF NOON ON (Month,Day,Year) IN THE AMOUNT OF \$				
PREMIUM PERIOD TO BE: [] ANNUAL [] TH	HREE-YEAR PREPAID [] THREE-YEAR INSTALLMENTS			
1. DATE INSURED WAS ESTABLISHED.				
2. NAMES AND LOCATIONS OF BRANCHES, IF ANY				
3. STATE TOTAL NUMBER OF SALARIED OFFICERS AND EMPLOYEES.	NO			
4. STATE TOTAL ASSETS AS OF THE LATEST JUNE 30: \$ DECEMBER 31: \$	AVERAGE AMOUNT OF \$			
5. IF FORGERY AND ALTERATION COVERAGE IS DESIRED, STATE AMOUNT.	\$			
6. IF DEDUCTIBLES ARE TO BE CARRIED, STATE AMOUNT, AND, WHERE APPLICABLE, CHECK TYPE OF DEDUCTIBLE.	ALL INSURING CLAUSES EXCEPT FORGERY OR ALTERATION (CLAUSE [D]) \$ CLAUSE (D) \$ REGULAR [] AGGREGATE [] IF A DEDUCTIBLE IS TO BE CARRIED ON THE BASIC INSURING CLAUSES, A DEDUCTIBLE IN THE SAME AMOUNT, OR HIGHER, MUST APPLY TO CLAUSE (D).			
7. IF MISPLACEMENT COVERAGE IS DESIRED, STATE AMOUNT.	\$			
8. (A) HOW FREQUENTLY ARE AUDITS MADE? (B) BY WHOM? CPA, OTHER OUTSIDE ACCOUNTANT, INTERNAL AUDIT. (C) DATE OF LAST AUDIT. (D) ARE EXAMINATIONS MADE BY STATE AND/OR FEDERAL AUTHORITIES (E) IF SO, HOW OFTEN? (F) DATE OF LAST EXAMINATION.	(A)			
9. IS INSURED UNDER STATE OR FEDERAL SUPERVISIONS?				
10. OPEN FOR BUSINESS DAILY? IF NOT, HOW FREQUENTLY?				
11. STATE WHETHER MEMBERSHIP IS LIMITED TO A FIXED GROUP, AS, FOR EXAMPLE, THE EMPLOYEES OF A BUSINESS CONCERN.				
12. (A) DOES THE PARENT COMPANY EXERCISE ANY CONTROL OR SUPERVISION OVER THE ACTIVITIES OF YOUR CREDIT UNION? (B) IS A PAYROLL DEDUCTION PLAN IN EFFECT?	(A) (B)			
13. (A) DO YOU OWN ANY SECURITIES? (B) IF SO, ARE THEY UNDER THE JOINT SUPERVISION OF TWO OR MORE OFFICERS?	(A) (B)			
14. ATTACH SEPARATE SHEET SHOWING LOSSES SUSTAINED BY DATE, TYPE AND AMOUNT, WHETHER REIMBURSED OR NOT, DURING THE LAST SIX YEAR, IF NONE, SO STATE.				
15 (A) IS STATUTORY FAITHFUL PERFORMANCE OF DUTY BOND ON SPECIFIC POSITION(S) REQUIRED TO BE CARRIED? (B) IF SO, LIST POSITION(S) COVERED, AMOUNT(S) AND COMPANIES FURNISHING SUCH BOND(S).	(A) YES [] NO [] (B)			
16. (A) DO YOU OPERATE A CHECK CASHING FACILITY? (B) DO ANY OF YOUR EMPLOYEES TRANSPORT ANY LARGE SUMS OF MONEY? If so, please explain fully, stating the average amount carried (use separate sheet if necessary)	(A) (B)			

LIST OF OFFICERS AND EMPLOYEES:

NAME	IN EMPLOYMENT SINCE	PLACE OF EMPLOYMENT	TITLE OR POSITION	OTHER BUSINESS ENGAGED IN

THE PRESENT OFFICERS AND EMPLOYEE OF THE INSURED, HAVE ALL TO THE BEST OF THE INSURED'S KNOWLEDGE AND BELIEF, WHILE IN THE SERVICE OF THE INSURED, ALWAYS PERFORMED THEIR RESPECTIVE DUTIES FAITHFULLY. SUCH KNOWLEDGE AS ANY OFFICER SIGNING FOR THE INSURED, MAY NOW HAVE IN RESPECT TO HIS OWN PERSONAL ACTS OR CONDUCT, UNKNOWN TO THE INSURED, IS NOT IMPUTABLE TO THE INSURED.

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
	RV	
(Insured)	DI	Title of Officer)

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