

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 [] THREE-YEAR PREPAID [] THREE-YEAR INSTALLMENTS

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| 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) _____ (B) _____ (C) _____ (D) _____ (E) _____ (F) _____ |
| 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) _____ |

