

Application

FINANCIAL INSTITUTION BOND, STANDARD FORM NO. 24 FOR COMMERCIAL BANKS, SAVINGS BANKS AND SAVINGS AND LOAN ASSOCIATIONS



FL- 033 BOND 24

APPLICATION IS HEREBY MADE BY (List all insured's, including Employee Benefit Plans) _____

MAIN ADDRESS (Herein called the insured): _____

FOR A FINANCIAL INSTITUTION BOND, STANDARD FORM NO. 24, TO BECOME EFFECTIVE AS OF 12:01 A.M. ON _____

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

DATE INSURED WAS ESTABLISHED: _____ NAME OF PRIOR CARRIER: _____

1. INSURED IS A (CHECK THE APPROPRIATE BOX):

COMMERCIAL BANK , SAVINGS BANK , SAVINGS AND LOAN ASSOCIATION , OTHER _____

2. FOR ALL INSURED'S, SHOW THE TOTAL NUMBER OF:

NO. OF

(A) SALARIED OFFICERS, EMPLOYEES AND RETAINED ATTORNEYS AND PERSONS PROVIDED BY EMPLOYMENT CONTRACTORS _____

(B) BANKING LOCATIONS (OTHER THAN THE HOME OFFICE OF THE FIRST NAMED INSURED) IN THE U.S., CANADA, PUERTO RICO, _____

VIRGIN ISLANDS _____

(C) LIMITED BANKING FACILITIES IN THE U.S., CANADA, PUERTO RICO AND VIRGIN ISLANDS _____

(D) NON-BANKING LOCATIONS IN THE U.S., CANADA, PUERTO RICO AND VIRGIN ISLANDS _____

(E) BANKING LOCATIONS, LIMITED BANKING FACILITIES AND NON-BANKING LOCATIONS OUTSIDE OF THE U.S., CANADA, _____

PUERTO RICO AND VIRGIN ISLANDS, LIST BELOW:

LOCATION

LOCATION

3.

COMMERCIAL BANKS ONLY

COMPLETE THE FOLLOWING: TOTAL ASSETS TOTAL DEPOSITS TOTAL LOANS & DISCOUNTS

(A) AS OF THE LATEST DEC. 31 \$ _____ \$ _____ \$ _____

(B) AS OF THE LATEST JUNE 30 \$ _____ \$ _____ \$ _____

4. COMPLETE THE FOLLOWING FOR OPTIONAL COVERAGE'S DESIRED:

FORM OF COVERAGE

SINGLE LOSS LIMIT

A) IS INSURING AGREEMENT (D) – FORGERY OR ALTERATION COVERAGE DESIRED? YES NO \$ _____
If "Yes", are checking accounts permitted? (Savings Banks and Savings and Loan Associations only)

B) IS INSURING AGREEMENT (E) – SECURITIES COVERAGE DESIRED? YES NO \$ _____
If "Yes", is Loan Participation coverage desired?

C) IS TRADING LOSS COVERAGE DESIRED? YES NO \$ _____

5. COMPLETE THE FOLLOWING FOR OPTIONAL COVERAGE'S DESIRED (CONT'D)

D) IS EXTORTION – THREATS TO PROPERTY COVERAGE DESIRED? YES NO If "YES", list below locations to be excluded:

LOCATION

LOCATION

5. COMPLETE THE FOLLOWING FOR OPTIONAL COVERAGE'S DESIRED (CONT'D)

SINGLE LOSS LIMIT

E) IS EXTORTION – THREATS TO PROPERTY COVERAGE DESIRED? YES [] NO [] \$ _____
 If "Yes", list below locations to be excluded:

LOCATION	LOCATION
_____	_____
_____	_____
_____	_____

SINGLE LOSS LIMIT

F) IS FRAUDULENT REAL PORPERTY MORTGAGES COVERAGE DESIRED? YES [] NO [] \$ _____

G) IS AUDIT EXPENSE COVERAGE DESIRED? (savings and loan associations only) YES [] NO [] \$ _____

H) IS UNATTENDED AUTOMATED TELLER MACHINE COVERAGE DESIRED? YES [] NO [] \$ _____

If "Yes", complete the following:

(1) NUMBER OF LOCATIONS TO BE COVERED: _____

(2) LIST BELOW LOCATIONS TO BE EXCLUDED:

LOCATION	LOCATION
_____	_____
_____	_____
_____	_____

SINGLE LOSS LIMIT

I) IS COMPUTER SYSTEMS FRAUD COVERAGE DESIRED? YES [] NO [] \$ _____

If "Yes", complete the following:

(1) INSURED'S COMPUTER SYSTEM(S)

FOR THE COMPUTER SYSTEM(S) YOU OPERATE, WHETHER OWNED OR LEASED, COMPLETE THE FOLLOWING:

(A) NUMBER OF INDEPENDENT SOFTWARE CONTRACTORS AUTHORIZED TO DESIGN, IMPLEMENT OR SERVICE PROGRAMS FOR YOUR SYSTEM(S)

(B) IS ACCESS TO YOUR SYSTEM(S) BY CUSTOMERS OR OTHER OUTSIDE PARTIES PERMITTED, OTHER THAN BY AUTOMATED TELLER MACHINES, PERMITTED (E.G. BY COMPUTER, TERMINAL OR TOUCHTONE TELEPHONE KEYPAD, ETC)? YES [] NO []

(C) NUMBER OF AUTOMATED TELLER MACHINES _____

(2) OTHER COMPUTER SYSTEMS

(A) CHECK IF COVERAGE IS DESIRED FOR:

AUTOMATED CLEARING HOUSES USING FEDERAL RESERVE COMPUTER FACILITIES [], FED WIRE [], CHIPS [], SWIFT []

(B) LIST BELOW OTHER COMPUTER SYSTEMS FOR WHICH COVERAGE IS DESIRED: (FOR AUTOMATED TELLER MACHINE SYSTEMS, COMPLETE ITEM (C) BELOW.)
 COMPUTER SYSTEM(S)

(C) LIST BELOW SHARED OR OTHER PARTICIPATORY AUTOMATED TELLER MACHINE SYSTEMS FOR WHICH COVERAGE IS DESIRED:
 ATM SYSTEMS(S)

(3) IS COVERAGE DESIRED FOR TESTED TELEX OR OTHER SIMILAR MEANS OF TESTED COMMUNICATION? YES [] NO []
 SINGLE LOSS LIMIT

J) IS VOICE INITIATED TRANSFER FRAUD COVERAGE DESIRED? (NOTE: COMPUTER SYSTEMS FRAUD COVERAGE MUST BE PURCHASED IN CONJUNCTION WITH THIS COVERAGE.) YES [] NO [] \$ _____

If "Yes", what is the dollar amount of the call-back threshold to the originator of an instruction? _____ \$

K) IS TELEFACSIMILE TRANSFER FRAUD COVERAGE DESIRED? (NOTE: COMPUTER SYSTEMS FRAUD COVERAGE MUST BE PURCHASED IN CONJUNCTION WITH THIS COVERAGE.) YES [] NO [] \$ _____

If "Yes", what is the dollar amount of the call-back threshold to the originator of an instruction? _____ \$

L) IS COVERAGE DESIRED ON BUSINESSES ENGAGED IN THE DATA PROCESSING OF YOUR CHECKS OR OTHER ACCOUNTING RECORDS? YES [] NO [] \$ _____

If "Yes", list below the name and location of each data processor:

NAME & LOCATION	NAME & LOCATION
_____	_____
_____	_____
_____	_____

SINGLE LOSS LIMIT

M) IS SERVICING CONTRACTORS COVERAGE DESIRED? YES [] NO [] \$ _____

If "Yes", complete the following: (NOTE: Servicing Contractors service your real estate mortgages or home modernization loans or manage your real property.)

(1) LIST BELOW THE NAME AND LOCATION OF EACH SERVICING CONTRACTOR TO BE COVERED:

NAME & LOCATION	NAME & LOCATION
_____	_____
_____	_____
_____	_____

(2) LIST BELOW THE NAME AND LOCATION OF EACH SERVICING CONTRACTOR TO BE EXCLUDED: (NOTE: COMMERCIAL BANKS, SAVINGS BANKS, SAVINGS AND LOAN ASSOCIATIONS, OR INDUSTRY SERVICE ORGANIZATIONS FORMED BY ANY OF THEM, MAY BE EXCLUDED.)

NAME & LOCATION	NAME & LOCATION
_____	_____
_____	_____
_____	_____

N) IS COVERAGE DESIRED ON ISSUERS OR REGISTER CHECKS OR PERSONAL MONEY ORDERS? (COMMERCIAL BANKS ONLY) YES [] NO [] \$ _____

SINGLE LOSS LIMIT

If "Yes", list below the name and location of each Issuer:

NAME & LOCATION	NAME & LOCATION
_____	_____
_____	_____
_____	_____

O) IS COVERAGE DESIRED ON YOUR APPOINTED OR ELECTED AGENTS, WHETHER THEY BE PERSONS, PARTNERSHIPS OR CORPORATIONS (OTHER THAN SERVICING CONTRACTORS OR DATA PROCESSORS) PERFORMING ANY ACT OR SERVICE IN CONNECTION WITH THE ORDINARY CONDUCT OF YOUR BUSINESS? (SAVINGS BANKS AND SAVINGS AND LOAN ASSOCIATIONS ONLY) YES [] NO []

If "Yes", list below the name and location of each Issuer:

NAME & LOCATION	SINGLE LOSS	LIMIT NAME & LOCATION	SINGLE LOSS LIMIT
_____	\$ _____	_____	\$ _____
_____		_____	
_____		_____	

6. ARE YOU A DIRECT PARTICIPANT IN A DEPOSITORY FOR THE CENTRAL HANDLING OF SECURITIES? YES [] NO []

If "Yes", list below the name and location of each depository:

NAME & LOCATION	NAME & LOCATION
_____	_____
_____	_____
_____	_____

7. CHECK THE APPROPRIATE BOX(ES) IF YOU ARE A SELLER OR SERVICER OF SECONDARY MARKET MORTGAGES OF:

[] FREDDIE MAC, [] FANNIE MAE, [] GINNIE MAE, [] OTHER AGENCIES

8. FOR THE DEDUCTIBLES, COMPLETE THE FOLLOWING: (NOTE: DEDUCTIBLE ON INSURING AGREEMENTS (D) AND (E) MUST BE AT LEAST EQUAL TO THAT CARRIED ON THE BASIC BOND COVERAGE. DEDUCTIBLES ON EXTORTION COVERAGE AND UNATTENDED AUTOMATED TELLER MACHINE COVERAGE MAY BE WRITTEN IN ANY AMOUNT.)

COVERAGE	SINGLE LOSS DEDUCTIBLE
(A) ALL COVERAGES EXCEPT INSURING AGREEMENTS (D), (E), EXTORTION AND UNATTENDED AUTOMATED TELLER MACHINES	\$ _____
(B) INSURING AGREEMENT (D) – FORGERY OR ALTERATION	\$ _____
(C) INSURING AGREEMENT (E) – SECURITIES	\$ _____
(D) EXTORTION –THREATS TO PERSONS	\$ _____
(E) EXTORTION –THREATS TO PROPERTY	\$ _____
(F) UNATTENDED AUTOMATED TELLER MACHINES	\$ _____

8. IF COVERAGE IS BEING WRITTEN ON AN EXCESS, CONCURRENT OR CO-SURETY BASIS, SHOW THE NAMES OF THE OTHER CARRIERS AND BOND LIMITS. IN THE CASE OF CO-SURETY ALSO SHOW PERCENTAGE PARTICIPATIONS.

9. IF COVERAGE IS BEING WRITTEN ON A COINSURANCE BASIS, SHOW YOUR PERCENTAGE PARTICIPATION _____ %
 (NOTE: INSURED MAY ASSUME A PARTICIPATION OF BETWEEN 5% AND 25%.)

10. ARE DEPOSITS INSURED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION? YES [] NO []

11. AUDIT PROCEDURES:

(A) IS THERE AN ANNUAL AUDIT BY AN INDEPENDENT CPA? YES [] NO []

(B) IF "YES". IS IT A COMPLETE AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? YES [] NO []

(C) IF THE ANSWER TO (B) IS "NO", EXPLAIN THE SCOPE OF THE CPA'S EXAMINATION

(D) IS THE AUDIT REPORT RENDERED DIRECTLY TO THE BOARD OF DIRECTORS? YES [] NO []

(E) NAME AND LOCATION OF CPA _____

(F) DATE OF COMPLETION OF THE LAST AUDIT BY CPA _____

(G) IS THERE A CONTINUOUS INTERNAL AUDIT BY AN INTERNAL AUDIT DEPARTMENT? YES [] NO []

(H) IF "YES", ARE MONTHLY REPORTS RENDERED DIRECTLY TO THE BOARD OF DIRECTORS? YES [] NO []

(I) IF (A) AND (D) OR (G) AND (H) ARE ANSWERED AFFIRMATIVELY, IS THERE DIRECT VERIFICATION OF AT LEAST 20% OF ALL DEPOSIT ACCOUNTS AND DIRECT VERIFICATION OF AT LEAST 20% OF ALL LOAN ACCOUNTS? YES [] NO []

12. INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):

(A) DO YOU REQUIRE ANNUAL VACATIONS OF AT LEAST TWO CONSECUTIVE WEEKS FOR ALL OFFICERS AND EMPLOYEES? YES [] NO []

If "No", explain _____

(B) IS THERE A FORMAL, PLANNED PROGRAM REQUIRING THE ROTATION OF DUTIES OF KEY PERSONNEL WITHOUT PRIOR NOTICE THEREOF? YES [] NO []

If "No", explain _____

(C) IS THERE A FORMAL, PLANNED PROGRAM REQUIRING SEGREGATION OF DUTIES SO THAT NO SINGLE TRANSACTION CAN BE FULLY CONTROLLED FROM ORIGINATION TO POSTING BY ONE PERSON? YES [] NO []

13. DATE OF LAST EXAMINATION BY STATE AUTHORITIES _____

DATE OF LAST EXAMINATION BY FEDERAL AUTHORITIES. _____

WAS THERE ANY CRITICISM OF YOUR OPERATIONS IN EITHER THE LAST STATE OR FEDERAL EXAMINATION? YES [] NO []

If "No", explain _____

14. HAS THERE BEEN ANY CHANGE IN OWNERSHIP OR MANAGEMENT WITHIN THE PAST THREE YEARS? YES [] NO []

If "No", explain _____

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

If "No", explain _____

16. 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 FRAUD 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 _____

BY

(Insured)

(Name and Title)

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