

Application

SAFE DEPOSIT BOX INSURANCE PROPOSAL FORM

FL- 033 SDB Q



1. NAME OF APPLICANT _____

2. ADDRESS _____

INTERNAL CONTROL

3. ARE ALL BOXES UNDER PHYSICAL KEY LOCK WITH THE CUSTOMER HOLDING ONE KEY? YES [] NO []

4. ARE LOCKS CHANGED ON SURRENDERED BOXES? YES [] NO []

5. ARE ACCESS SLIPS USED OR LEDGER CARDS SIGNED BY THE CUSTOMER? YES [] NO []

If YES, is copy retained indefinitely? YES [] NO []

If NO – for how long? _____

6. DO CUSTOMERS LEAVE SAFE DEPOSIT KEYS AT THE DEPOSITORY? YES [] NO []

7. DO YOU REQUIRE YOUR CUSTOMERS TO SIGN AN AGREEMENT IN RESPECT OF THE SAFE DEPOSIT BOXES THEY RENT FROM YOU AND DOES THAT AGREEMENT CONTAIN:

(A) HOLD HARMLESS YES [] NO []

(B) LIMITATION OF LIABILITY PROVISION YES [] NO []

(C) CURRENCY EXCLUSION YES [] NO []

PLEASE ENCLOSE COPY OF AGREEMENT

8. DO YOU REQUIRE YOUR NEW EMPLOYEES TO SUBMIT TO THE FOLLOWING TESTS?

(A) MEDICAL YES [] NO []

(B) POLYGRAPH YES [] NO []

(C) PSYCHOLOGICAL YES [] NO []

9. IN SCREENING NEW EMPLOYEES DO YOU CONDUCT THE FOLLOWING?

(A) REFERENCE CHECKS YES [] NO []

(B) CREDIT CHECKS YES [] NO []

(C) NEIGHBOURHOOD CHECKS YES [] NO []

(D) CRIMINAL RECORDS CHECK YES [] NO []

10. DO YOU HAVE PHOTOGRAPHS AND FINGERPRINT RECORDS OF ALL EMPLOYEES ON FILE AT YOUR BRANCH OR CORPORATE OFFICE? YES [] NO []

11. VAULTS

PLEASE SUPPLY FULL DETAILS ON EACH LOCATION WITH SAFE DEPOSIT FACILITIES.

| | MAIN OFFICE | BRANCH NO. 1 | BRANCH NO. 2 | BRANCH NO.3 | BRANCH NO. 4 |
|---|-------------|--------------|--------------|-------------|--------------|
| 1) ADDRESS | | | | | |
| 2) TOTAL NUMBER OF BOXES | | | | | |
| 3) NUMBER OF BOXES RENTED | | | | | |
| 4) VAULT CLASSIFICATION ISO OR UL STANDARD | | | | | |
| 5) SAFE DEPOSIT BOX MANUFACTURER | | | | | |
| 6) ARE TIME LOCKS FITTED TO DOORS? IF NOT, TYPE OF LOCK | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| 7) IS ALARM CONNECTED TO: A) CENTRAL STATION B) POLICE STATION C) OTHER – PLEASE SPECIFY D) LINE DEDICATED | | | | | |
| 8) ARE PREMISES MANNED 24 HOURS A DAY? | | | | | |
| 9) TYPE OF FIRE EXTINGUISHING EQUIPMENT INSIDE VAULT | | | | | |
| 10) ARE "DAY GATES" USED WHEN VAULT DOOR IS OPEN DURING OPERATION? | | | | | |

12. (A) STATE LIMIT OF INDEMNITY REQUIRED (MILLIONS): US\$ _____

(B) WHAT PER BOX LIMIT DO YOU REQUIRE? US\$ _____

13. HAS ANY PROPOSAL FOR INSURANCE OF THIS NATURE BEEN DECLINED BY ANY INSURANCE COMPANY OR UNDERWRITER OR HAS ANY POLICY BEEN CANCELLED OR RENEWAL THEREOF REFUSED? YES [] NO []

14. GIVE BRIEF DETAILS, INCLUDING DATE DISCOVERED, NATURE AND AMOUNT OF LOSSES YOU HAVE SUSTAINED, OR OTHER SITUATIONS WHICH MIGHT GIVE RISE TO A CLAIM DURING THE PAST FIVE YEARS:

15. IS THERE ANY INFORMATION WHICH IS OR MAY HAVE BECOME MATERIAL TO THE PROPOSED INSURANCE AND WHICH IS NOT ALREADY DISCLOSED TO UNDERWRITERS?

WE DECLARE THAT THE STATEMENTS AND PARTICULARS IN THIS PROPOSAL ARE TRUE AND THAT WE HAVE NOT MISSTATED OR SUPPRESSED ANY MATERIAL FACTS. WE AGREE THAT THIS PROPOSAL, INCLUSIVE OF APPENDIX A, TOGETHER WITH ANY OTHER INFORMATION SUPPLIED BY US SHALL FORM THE BASIS OF ANY CONTRACT OF INSURANCE EFFECTED THEREON. WE UNDERTAKE TO INFORM INSURERS OF ANY MATERIAL ALTERATION TO THESE FACTS WHETHER OCCURRING BEFORE OR AFTER COMPLETION OF THE CONTRACT OF INSURANCE. SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

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 _____ (Insert name of firm)

FOR AND ON BEHALF OF _____ SIGNED _____

TITLE OF OFFICER _____

NOTE: APPENDIX A TO BE COMPLETED AND A PHOTOCOPY TO BE GIVEN BY HAND TO UNDERWRITERS SURVEYOR

APPENDIX A

(PLEASE COMPLETE AND A PHOTOCOPY TO BE GIVEN BY HAND TO UNDERWRITERS SURVEYOR)

| | MAIN OFFICE | BRANCH NO. 1 | BRANCH NO. 2 | BRANCH NO.3 | BRANCH NO. 4 |
|--|-------------|--------------|--------------|-------------|--------------|
| 1) VAULT MANUFACTURER | | | | | |
| 2) YEAR BUILT | | | | | |
| 3) WALL THICKNESS | | | | | |
| 4) WALL CONSTRUCTION (I.E. REINFORCED CONCRETE, BRICK, STEEL) | | | | | |
| 5) FLOOR AND CEILING THICKNESS | | | | | |
| 6) FLOOR AND CEILING CONSTRUCTION (I.E. REINFORCED CONCRETE, BRICK, STEEL) | | | | | |
| 7) DOOR MANUFACTURER AND TYPE OF DOOR | | | | | |