

**EVEREST NATIONAL INSURANCE COMPANY
FINANCIAL INSTITUTION APPLICATION**

FDIC No. _____

DIRECTORS & OFFICERS / COMPANY LIABILITY

EMPLOYMENT PRACTICES

FI BOND/CSD

THE LIABILITY POLICIES WHICH MAY BE ISSUED BASED UPON THIS APPLICATION PROVIDE CLAIMS MADE COVERAGE WRITTEN ON A NO DUTY TO DEFEND BASIS. DEFENSE COSTS ARE INCLUDED WITHIN THE LIMIT OF LIABILITY. AMOUNTS INCURRED AS DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS. PLEASE READ YOUR POLICIES CAREFULLY.

Applicant _____	Address _____
Individual authorized to receive notices on behalf of all insureds:	City _____
Name _____	State/Zip Code _____
Title _____ E-mail _____	Mailing P.O. Box _____
Current GL and Property Carrier _____	City _____
GL and Property Policy Expiration Dates _____	State/Zip Code _____
Website _____	Phone _____

GENERAL INFORMATION

1. a. The Applicant is a:

<input type="checkbox"/> Bank	<input type="checkbox"/> Bank Holding Company	<input type="checkbox"/> Financial Services Holding Co.
<input type="checkbox"/> Savings Bank	<input type="checkbox"/> Savings & Loan / Thrift	<input type="checkbox"/> Other _____
- b. Corporate structure:

<input type="checkbox"/> C-Corporation	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Limited Liability Company
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- c. Type of ownership:

<input type="checkbox"/> Stock Company	<input type="checkbox"/> Mutual Company	<input type="checkbox"/> Other _____
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2. If a Stock Company:
 - a. Stock is:

<input type="checkbox"/> Privately Held	<input type="checkbox"/> Publicly Traded	Ticker Symbol: _____	Exchange: _____
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 - b. Number of:

	Holding Company	Subsidiary Bank
i. Shareholders	_____	_____
ii. Shares outstanding	_____	_____
iii. % Shares owned directly or beneficially by directors, officers and employees	_____%	_____%
 - c. List all persons or entities that own more than 10% of common stock (directly or beneficially) or debentures convertible to common stock, which if exercised, would result in a controlling interest of 10% or more of common stock. Indicate name, percentage owned and if such individual/entity is represented on the board.

3. List all subsidiaries/entities applying for coverage. Include most recent year-end income and assets below or by attachment:

Name	Nature of Business	Parent Owner	% Owned	Date Established	Net Income	Total Assets

It is understood and agreed that no coverage will be provided for any subsidiary or entity unless listed in the application and expressly agreed to by the Insurer.

4. Regulatory information from the most recent exam:

- a. Regulatory Agency _____ Date of Last Exam _____
- b. Have all criticisms in the exam been addressed by the Board of Directors /Trustees? Yes No
- c. Has the Financial Institution or any subsidiary been placed under any type of formal regulatory order, agreement or action in the past 3 years or does management anticipate being placed under any such order in the next 12 months? Yes No
- d. Has the Financial Institution or any subsidiary been placed under any memorandum of understanding in the past 3 years or does management anticipate being placed under any such order in the next 12 months? Yes No

If the answer to Question 4(c) or 4(d) is Yes, provide details by attachment.

5. Has the Applicant or any Subsidiary completed any of the following transactions in the past 3 years or does management anticipate any such transactions in the next 12 months:

- a. Stock offering, merger, consolidation, acquisition, divestment or sale of stock in excess of 10% of shares outstanding? Yes Past 3 Years Next 12 Months N/A
- b. Conversion from a mutual to stock company or from a Bank Holding Company to a Financial Services Holding Company? Yes Past 3 Years Next 12 Months N/A
- c. Going-private, conversion from a C-Corp to a Subchapter S-Corp or any other transaction that eliminates shareholders? Yes Past 3 Years Next 12 Months N/A

If any of the answers to Question 5 are Yes, provide details by attachment. Include a copy of the Prospectus/Placement Memorandum for stock offerings.

6. Levels of Review

- a. Loan reviews are conducted: Monthly Quarterly Annually Other _____
- b. The loan review function is performed by: Employee(s) External Firm (specify) _____
- c. For loans originated by the Applicant, are signatures on all notes and documents obtained in the presence of a bank employee, attorney, closing agent, escrow agent or title company employee? Yes No
- d. For loans originated by third parties (e.g., mortgage brokers, other banks), are signatures on all notes and documents obtained in the presence of a bank employee, attorney, closing agent, escrow agent, leasing or title company employee? Yes No
- e. Is a written loan application required for every extension of credit? Yes No
- f. Please list the Applicant's current level of internally classified assets:
Substandard \$ _____ Doubtful \$ _____ Loss \$ _____

DIRECTOR & OFFICER LIABILITY

7. Management (D&O)

- a. Indicate if there have been changes in any of the following positions during the past 3 years for reasons other than internal promotion, retirement or death (**provide details and attach resumes of any new hires**):
 No changes Chairman of the Board President and/or CEO Senior Loan or Operating Officer
- b. List all board members who missed more than 25% of the board meetings within the past 12 months and reasons:

- c. During the past 3 years, have there been any problems involving extensions of credit to directors or officers? Yes No
- d. During the past 3 years, has any past or present director, officer or employee been charged with a crime or been the subject of a criminal investigation or disciplinary proceeding by a regulatory agency or organization? Yes No

If the answer to Question 7(c) or 7(d) is Yes, provide details by attachment.

LENDER LIABILITY

Complete this section only if coverage is desired.

8. Indicate if the Applicant or any Subsidiary engages in the following:

Description	Answer	Existing Amount
Loan servicing for third parties	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Out-of-territory lending greater than 25% of total loans	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Loan participations originated by third parties	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Loan participations sold <u>with</u> recourse	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Unsecured commercial lending	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Dealer floor planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Subprime lending	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
"Payday" lending (i.e. cash advances on checks held for future deposit)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Purchase of brokered loans, books of loans	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Use of mortgage brokers or other third-party loan or lease producers	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Origination of loan syndications or securitizations	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

9. During the past 3 years, has any director or officer become aware of any of the following conditions:

- i. Concentration of credit that warrants reduction or correction? Yes No
- ii. Extension of credit that exceeds the legal lending limit? Yes No
- iii. Conflict of interest transaction? Yes No

If any of the answers to Question 9 are Yes, please provide details by attachment.

DEPOSITOR AND OTHER PROFESSIONAL SERVICE LIABILITY

Complete this section only if coverage is desired.

10. Depositor Liability

- a. Prior to opening a corporate account, is the customer required to provide a signed corporate resolution or letter designating certain individuals to sign on the account? Yes No
- b. Does the Applicant prohibit the acceptance of checks made payable to corporate payees, but endorsed by individuals or endorsed over to individuals? Yes No
- c. Are account statements forwarded to customers on a monthly basis? If No, how often? _____ Yes No
- d. Are makers' signatures verified on checks in excess of \$25,000 drawn on the Applicant? Yes No
- e. Are endorsements on negotiable instruments verified upon presentment? Yes No

If any of the answers to Questions 10(a) through 10(e) are No, please provide details by attachment.

11. Professional Services

Check all services currently offered or planned to be offered by the Financial Institution or any subsidiary in the next 12 months. Please include annualized revenue for each checked service.

Real Estate

- Appraisal Services \$ _____
- Property Management \$ _____
- Real Estate Brokerage \$ _____
- Title Company \$ _____

Accounting/Processing

- Accounting Services \$ _____
- Actuarial Services \$ _____
- Credit Card Processing \$ _____
- Tax Preparation \$ _____
- Data Processing \$ _____

Other (specify)

- _____ \$ _____

Investment Services

- Investment Advisory Services \$ _____
- Security Broker/Dealer \$ _____
- Investment Banking \$ _____
- Securities Underwriting \$ _____
- Private Equity Investing \$ _____
- Trust Services \$ _____

(Please complete Trust Application)

Insurance Services

- Insurance Agency \$ _____
- Insurance Company \$ _____

It is understood and agreed that coverage will not be provided for any service or activity unless listed above and expressly agreed to by the Insurer.

EMPLOYMENT PRACTICES LIABILITY

Complete this section only if coverage is desired.

12. Does the Applicant have a written manual of all personnel policies and procedures? Yes No
 a. If Yes, does it include an employment-at-will statement? Yes No
 b. If Yes, does it include a Sexual Harassment Policy? Yes No
 c. If Yes, does it include a Discrimination Policy? Yes No
 13. Prior to terminating employees, does the Applicant seek legal counsel? Yes No
 14. Has employee turnover been under 25% in both of the past 2 years? Yes No
 15. List the number of employees impacted by layoffs, branch closings or reorganizations in the past 12 months. _____
 16. List the number of employees that may be impacted by layoffs, branch closings or reorganizations in the next 12 months. _____
 17. What percentage of employees are paid under a partial or full commission structure? _____
 18. Please provide the percentage breakout of employees by pay level. Less than \$100,000 _____ Greater than \$100,000 _____

FIDUCIARY LIABILITY

Complete this section only if coverage is desired.

19. Complete the following for all Applicant sponsored Plans.

Company Plan Name	Asset Value	Year Established	Type of Plan

It is understood and agreed that coverage will not be provided for any service or activity unless listed above and expressly agreed to by the Insurer.

20. What percentage of Applicant stock is owned by Employees through an ESOP? _____ %
 21. What percentage of Applicant stock is owned by Employees through a 401(k) Plan? _____ %
 22. Is the investment manager prevented from exerting discretionary control over any Plan asset? Yes No
 23. Are all Company Plans fully funded? Yes No
 24. Have the past 3 actuarial assessments and external audit reports related to Company Plans been free from qualification? Yes No
 25. Are all Company Plans currently violation-free by the IRS, Department of Labor or any other regulatory body? Yes No

If any of the answers to Questions 22 through 25 are No, provide details by attachment.

INSURANCE SERVICES LIABILITY

Complete this section only if coverage is desired.

26. Do the Applicant's insurance operations maintain a system to immediately notify insurance carriers of a claim? Yes No
 27. Do the Applicant's insurance operations prohibit the placement of insurance with carriers rated B+ or lower (or not rated)? Yes No

28. Type of insurance offered: **% of Total Premium**
- | | |
|---|-------------|
| <input type="checkbox"/> Credit Life & Disability | _____ % |
| <input type="checkbox"/> Homeowners, Personal Automobile, Health & Life | _____ % |
| <input type="checkbox"/> Commercial P&C | _____ % |
| <input type="checkbox"/> Annuities | _____ % |
| <input type="checkbox"/> Crop | _____ % |
| <input type="checkbox"/> Consulting/Loss Control Services | _____ % |
| <input type="checkbox"/> Claims Adjusting/TPA | _____ % |
| <input type="checkbox"/> Other (specify) _____ | _____ % |
| | 100% |

29. Please provide the most recent year-end premium volume: \$ _____

BROKERAGE / ADVISORY SERVICES

Complete this section only if coverage is desired.

30. Type of brokerage services offered:
 Referral-basis only (if applicable, skip to next section) Investment advisory services only
 Discount brokerage only (purchase and sale of securities only, no investment advice) Full-service brokerage
31. Brokerage services are offered by:
 The Applicant's own employees
 The Applicant's own employees, who are also managed and/or compensated by a third-party broker-dealer ("dual employees")
 Firm name: _____
32. Total assets under management: \$ _____ Total Number of Accounts _____
33. If dual employees are used, does the Applicant's contract specify that the broker/dealer is responsible for their supervision? Yes No
34. Are all securities and funds forwarded directly to the client or deposited directly into the client's account? Yes No
35. Do address changes require management approval and a written, signed request from the client? Yes No
36. Are account statements forwarded directly to the client from a central location at least quarterly? Yes No
37. Are all transactions over \$10,000 verified with the client by an individual other than the broker? Yes No
38. Are all employees prohibited from accessing client funds? Yes No

If any of the answers to Questions 33 through 38 are No, provide details by attachment.

FINANCIAL INSTITUTION BOND

Complete this section only if coverage is desired.

39. **Audit Function**
- a. The internal audit function is performed by: Employee(s) External Firm Not Performed
- b. Internal audits are performed: Monthly Quarterly Annually Other _____
- c. Is the Audit Committee comprised only of outside directors? Yes No
- d. Are audit reports submitted directly to the: Board of Directors Audit Committee
- e. External audits are: Date of Last Audit _____ Full-scope Directors-scope No Audit
- f. The external audit is performed: Annually Every other year Other
- g. Was the most recent audit opinion unqualified (favorable)? Not Applicable Yes No
- h. Were any material weaknesses noted in the most recent Management Letter? Not Applicable Yes No
- i. **Attach a copy of the most recent Audit Report, Management Letter and Applicant's response.**
40. **Segregation of Duties – Real Time Banking**
- a. Does the Applicant utilize any real time, end-to-end, or equivalent banking platforms? Yes No
 Please list _____
- b. With respect to any real time, end-to-end, or equivalent banking platform used by the Applicant, are duties sufficiently segregated such that one employee would be prevented from controlling a single transaction from origination to posting? Yes No
- c. Is everyone with access to the Applicant's real time, end-to-end or equivalent banking platforms prevented from changing customer mailing addresses, phone numbers or email addresses, and issuing holds on customer statements or waiving customer account penalties? Yes No
- d. If the answer to 40(b) is No **and** the answer to 40(c) is No, what compensating controls exist to mitigate the risk of fraud?
 Please list _____
- Segregation of Duties – General**
- e. With the exception of any real time, end-to-end, or equivalent banking platforms, is there a formal program requiring the segregation of duties in all operational areas, so that no single transaction can be fully controlled from origination to posting by one employee? Yes No
 If No, Is there a formal program requiring the rotation of duties without prior notice thereof? Yes No
- f. If both answers to 40(e) are No, what compensating controls exist to mitigate the risk of fraud?
 Please list _____

41. Other Internal Controls

- a. Are all loans prepared and disbursed by someone other than the officer approving the loan? Yes No
- b. Are all employees required to take vacations each year, and are they prohibited from accessing their work stations, either on bank premises or from a remote location, during the vacation period? Yes No
If Yes, vacations are required for a period of: At least two consecutive weeks At least one consecutive week
- d. Check kite suspect reports are reviewed: Daily Weekly Other _____ Not Reviewed
- e. Are all currency shipments prepared, received and counted under dual control? Yes No
- f. Are employees' accounts segregated and reviewed for unusual activity at least monthly? Yes No
- g. Are dormant accounts flagged, segregated and maintained under dual control? Yes No
- h. Are all accounts (including suspense accounts) reconciled at least monthly by individuals who have no authority to post transactions to the accounts? Yes No

If any of the answers to Question 41 are No, provide details by attachment.

42. Computer Systems

- a. In addition to the Applicant's proprietary systems, is coverage requested for any of the following external systems upon which the Applicant relies to provide customer services:

<u>Process</u>	<u>Vendor</u>
<input type="checkbox"/> Core Processing	_____
<input type="checkbox"/> ACH, Wires	_____
<input type="checkbox"/> Mobile Banking	_____
<input type="checkbox"/> Online / Internet Banking	_____
<input type="checkbox"/> Brokerage	_____
<input type="checkbox"/> Insurance	_____
<input type="checkbox"/> Other (specify) _____	_____

It is understood and agreed that coverage will not be provided for any non-proprietary computer system unless the vendor is listed above and is expressly agreed to by the Insurer.

LOSSES, PENDING LITIGATION AND CLAIMS HISTORY

New Applicants Only

- 51. During the past 3 years, have there been any Financial Institution Bond losses in excess of \$5,000, whether reimbursed or not? Yes No
- 52. Does any director or officer have knowledge of any fact, circumstance or situation involving the Applicant, its Subsidiaries, or any past or present director, officer or employee, which could reasonably be expected to give rise to a future claim? Yes No
- 53. Has any carrier declined, cancelled or non-renewed any policy similar to the coverage herein applied for **(Do not answer 53. if the applicant resides in Missouri.)** Yes No
- 54. During the past 3 years, have there been or are there now any lawsuits, administrative proceedings (EEOC, NLRB, etc.), employee grievances or negotiated settlements involving the Applicant, any subsidiary, or any past or present director, trustee, officer or employee? Yes No
- 55. During the past 3 years, has the Applicant been made aware of any unauthorized access to information housed in the Applicant's computer systems, website, internet service provider, website host or core processor? Yes No
- 56. During the past 3 years, has the Applicant sustained a systems intrusion, tampering, hacking or similar incident That resulted in damage to data, computer programs, a third party or other loss to the institution? Yes No

All Applicants

- 57. During the past 3 years, have there been or are there now any lawsuits, administrative charges or demands involving the Applicant, any subsidiary, or any past or present director, trustee, officer or employee? Yes No
- 58. Is the Applicant, any subsidiary or any past or present director, officer or employee a defendant in any lawsuit which could materially affect the financial condition of the Applicant or any subsidiary? Yes No

59. Are there any claims or potential claims that have not been reported to the Insurer involving the Applicant, any subsidiary or any past or present director, trustee, officer or employee? Yes No

If any of the answers in this section are Yes, provide details by attachment.

NEW APPLICANTS: IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING LITIGATION OR WRITTEN OR ORAL DEMAND SHALL BE EXCLUDED FROM COVERAGE. IT IS FURTHER UNDERSTOOD AND AGREED THAT IF KNOWLEDGE OF ANY FACT, CIRCUMSTANCE OR SITUATION WHICH COULD REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM EXISTS, ANY CLAIM OR ACTION SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE.

RENEWAL APPLICANTS: IT IS UNDERSTOOD AND AGREED THAT IF THE UNDERSIGNED OR ANY INSURED HAS KNOWLEDGE OF ANY FACT, CIRCUMSTANCE OR SITUATION WHICH COULD REASONABLY BE EXPECTED TO GIVE RISE TO A FUTURE CLAIM, THEN ANY INCREASED LIMIT OF LIABILITY OR COVERAGE ENHANCEMENT SHALL NOT APPLY TO ANY CLAIM ARISING FROM OR IN ANY WAY INVOLVING SUCH FACTS, CIRCUMSTANCES OR SITUATIONS. IN ADDITION, ANY INCREASED LIMIT OF LIABILITY OR COVERAGE ENHANCEMENT SHALL NOT APPLY TO ANY CLAIM, FACTS, CIRCUMSTANCES OR SITUATIONS FOR WHICH THE INSURER HAS ALREADY RECEIVED NOTICE.

REPRESENTATION STATEMENT

The undersigned declare that, to the best of their knowledge and belief, the statements in this application, any prior applications, any additional material submitted, and any publicly available information published or filed by or with a recognized source, agency or institution regarding business information for the Applicant for the 3 years preceding the Bond/Policy's inception, and any amendments thereto [hereinafter called "Application"] are true, accurate and complete, and that reasonable efforts have been made to obtain sufficient information from each and every individual or entity proposed for this insurance. It is further agreed by the Applicant that the statements in this Application are their representations, they are material and that the Bond/Policy is issued in reliance upon the truth of such representations.

The signing of this Application does not bind the undersigned to purchase the insurance and accepting this Application does not bind the Insurer to complete the insurance or to issue any particular Bond/Policy. If a Bond/Policy is issued, it is understood and agreed that the Insurer relied upon this Application in issuing each such Bond/Policy and any Endorsements thereto. The undersigned further agrees that if the statements in this Application change before the effective date of any proposed Bond/Policy, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately.

FRAUD WARNINGS

ARKANSAS, LOUISIANA, NEW JERSEY, NEW MEXICO and VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime. In Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person, penalties includes imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to **KANSAS** Applicants: any person who commits an act, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act.

KENTUCKY and PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In the District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the applicant provides false information materially related to a claim. In Pennsylvania and Oregon, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE, TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

SIGNATURES

Chief Executive Officer, President or Chairman of the Board:

Print Name:	Signature:
Title:	Date:

Chief Financial Officer or Equivalent Officer:

Print Name:	Signature:
Title:	Date:

A BOND/POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS SIGNED/DATED BY TWO INDIVIDUALS.

Agent Name _____ License Number _____

Agent Signature _____

Submit Application to:

ABA Insurance Services Inc.

3401 Tuttle Road, Suite 300 • Shaker Heights, OH 44122

Telephone: (800) 274-5222 • Fax: (800) 456-6590 • www.abais.com

ABA Insurance Services Inc., dba Cabins Insurance Services in CA; ABA Insurance Services of Kentucky Inc. in KY; and ABA Insurance Agency Inc. in MI