

If you complete this Application, you do not need to complete Acord Applications.

Instructions for Completion: *The General Information section must be completed by all Applicants, as well as any other sections for which coverage is desired. Please also include a current Statement of Values. If a Statement of Values template is needed, go to: <https://www.abais.com/applications>*

FDIC No. _____ Date _____
 Name of Applicant _____
 Address _____
 City _____ State _____ Zip Code _____

General Information

1. Please attach or list below all entities proposed for coverage including name, description of operation and percentage owned.

Named Insured	Description of Operations	Percentage Owned

	Yes	No
2. Has any business operation been sold, acquired or discontinued in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the Applicant engaged in any type of business other than what is considered standard banking operations?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the Applicant have a formal Safety and Security Program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the Applicant have a written Disaster Recovery Plan?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the Applicant employ: <input type="checkbox"/> Security Guards <input type="checkbox"/> Armed Security Guards <input type="checkbox"/> Not Applicable		
7. If the Applicant uses an outside service for Security Guards, does the service contract contain "hold harmless" language and Additional Insured status in favor of the Applicant?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the Applicant own any armored vehicles or provide armored vehicle services to others?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does Applicant own, operate or lease any aircraft or watercraft for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please attach details.		
10. What percentage of the Applicant's business is connected to or reliant upon marijuana or marijuana-related businesses?	_____	%
11. For any coverage being applied for, has any carrier declined, cancelled or non-renewed any coverage in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please provide details:

General Information Continued

12. Please attach or list below all paid and pending losses for the past 3 years, including current year. The list should include all lines of business for which coverage is being sought.

Date of Loss	Product	Description	Amount Paid \$	Amount Reserved \$

General Liability

	Yes	No
1. Does the Applicant have any machinery or equipment loaned or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any watercraft, docks, floats owned, hired or leased?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the Applicant own, lease or operate drones or contract with others to operate drones on behalf of the Applicant?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do vacant land parcels include any bodies of water, attractive nuisances or development operations?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are any of the Applicant's buildings being demolished, renovated or structurally altered?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have there been any armed robberies in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the bank obtain certificates of insurance from third party contractors?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the bank require Employee Benefits Liability coverage?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please indicate Retroactive Date _____		
9. Are there any athletic teams sponsored by the Applicant?	<input type="checkbox"/>	<input type="checkbox"/>
10. List all social/special events that the Applicant expects to organize, manage or sponsor during the next 12 months:		

Commercial Auto

	Yes	No
General Information		
1. Does the Applicant have a corporate driving policy?	<input type="checkbox"/>	<input type="checkbox"/>
a. Does the policy prohibit the use of cell phones or other electronic devices while driving?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the policy require the insured to carry minimum state insurance limits to drive for work?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any drivers with major moving violations or convictions in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Hired/Non-Owned (HNO) Vehicles		
1. If employees use their personal vehicles on company business, does the Applicant verify personal auto insurance if the individual drives his/her auto on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
2. If personal vehicles are used on a regular basis, are Motor Vehicle Reports obtained and kept on file?	<input type="checkbox"/>	<input type="checkbox"/>
3. Indicate number of employees requiring HNO Coverage _____		
4. Estimated number of autos rented per year? _____		

Commercial Auto *Continued*

Yes No

Bank Owned Vehicles

1. Are there any vehicles not solely owned/registered to the Applicant for which coverage is desired? Yes No

If Yes, list vehicles and owner names:

2. Is there a Vehicle Maintenance Program in operation? Yes No

3. Are any corporate vehicles used by family members? Yes No

4. Does the Applicant obtain and keep on file Motor Vehicle Reports? Yes No

Repossessed Vehicles

1. Indicate the number of repossessions handled directly by the Applicant in the past 12 months _____

2. Indicate the number of repossessions for each year during the past 3-year period:
 Year 1 _____ Year 2 _____ Year 3 _____

3. Please indicate if the facility where vehicles are stored is: Open Lot Fenced Lot Inside Building
N/A Yes No

4. If the Applicant contracts with a third-party specialist to perform repossessions:

a. Is the Applicant added as an Additional Interest on the vendor's General Liability policy? Yes No

b. Does the Applicant obtain evidence of the repossession specialist's Auto and General Liability Insurance? Yes No

Excess Umbrella

If Great American will not be writing the underlying Workers' Compensation Insurance, provide the following:

Carrier _____ Limit \$ _____ Deductible \$ _____

Policy No. _____ Policy Period _____ to _____

Electronic Data Processing

Yes No

1. In the event of a major or total loss, could the Applicant return to operation within one week? Yes No

2. Does the Applicant have an arrangement for the use of other Equipment? Yes No

3. Does the Applicant have a Service Maintenance Contract with a manufacturer or other service contractor? Yes No

4. Does the Applicant have any of the following devices to protect the Hardware from power line surges or other problems?

a. Uninterruptable Power Source? Yes No

b. Line Conditioner? Yes No

c. Power Suppressor Voltage Regulator? Yes No

d. Dedicated Line? Yes No

Workers' Compensation

1. Provide estimated payroll by state and Class Code:

2. Provide the name and title of all individuals to be excluded from coverage:

3. If employees travel out of state, indicate states and frequency:

	Yes	No
4. Are employee Health and/or Medical plans provided?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there any employees under 16 or over 60 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the Applicant employ anyone with physical handicaps?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do any employees perform work for other businesses or subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any undisputed and unpaid Workers' Compensation premiums due from the Applicant?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the Applicant provide any type of group transportation?	<input type="checkbox"/>	<input type="checkbox"/>
10. If the Applicant's state has a drug free premium discount program, has the Applicant been certified?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please attach certificate.

Foreclosed/Reposessed Property

Please attach a list of properties proposed for this coverage, including: Date Acquired, Address, Total Insured Value (bank's insurable interest), Appraised Value, Square Footage, Building Type (residential, commercial or vacant land), Occupancy (vacant, occupied, partially occupied), and Number of Stories. If a Statement of Values template is needed, go to: <https://www.abais.com/applications>

1. How many foreclosures/repossessions have been conducted in the last 12 months?
 Residential (1-4 Family) _____ Commercial _____

	Yes	No
2. Are physical inspections made on properties within 48 hours of foreclosure?	<input type="checkbox"/>	<input type="checkbox"/>
3. Please indicate if the properties are inspected: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
4. Are necessary repairs documented and made promptly on all properties?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are locks changed once the bank takes possession?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are all properties properly winterized?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do any of the properties proposed for coverage have high risk exposures such as:		
a. Water Features (undrained swimming pools, hot tubs, fountains, waterfalls, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Machines including but not limited to tractors, bobcats, golf carts or all-terrain vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
c. Construction Debris (e.g. piles of metal or lumber)?	<input type="checkbox"/>	<input type="checkbox"/>
d. Play Equipment such as trampolines, bounce houses or climbing walls?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the Applicant check for the existence of private protection at the foreclosed buildings (i.e. smoke detectors, fire extinguishers, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is any property involved with a marijuana or marijuana-related business (e.g. tenants, previous owners, crops, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

Representation Statement

Any person who knowingly and with intent to defraud any insurance company or another person, who 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, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. This application becomes a part of the insurance policy if bound. I have read and fully understand the above information, as well as answered the questions to the best of my knowledge.

I/We hereby declare that the above statements and particulars are true, that I/we have not suppressed or misstated any material facts and I/we agree that this Proposal Form shall be the basis of the Contract with Underwriters.

Fraud Warnings

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: 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 reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, 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 of any agent thereof, any written statement as part of, on 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 insurance act.

Applicable in KY, NY, OH and PA: 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 any materially false information or conceals for purpose of misleading, information concerning and fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the state values of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes and false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Authorized Applicant

Print Name _____

Signature _____

Title _____

Date _____

Agent Name _____

Signature _____

License # _____

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