



NAMIC

This form must be completed for each new bond and at each premium anniversary.

POLICYHOLDER'S PROTECTION PLUS BOND FORM 25 APPLICATION

Application is hereby made by _____

(List all insureds, including Employee Benefit Plans . . . attach separate page, if necessary)

Principal Address _____ (herein called insured)
(No.) (Street) (City) (Zip)

for a Financial Institution Bond, Standard Form No. 25, to become effective as of 12:01 a.m. on _____
to 12:01 a.m. on _____ with a Limit of Liability of \$ _____ .

Date Insured was established _____ Name of prior carrier _____

1. For all Named insureds, show the total number of salaried officers and employees _____

2. Indicate deductible amount desired based on options available
 \$ 1,000
 \$ 5,000
 \$10,000
 \$15,000
 \$20,000

3. Complete the following: Total Assets
(a) As of latest Dec. 31 \$ _____
(b) As of latest June 30 \$ _____

4. Has any insurance been declined or canceled during the past three years? Yes No
If "Yes", explain: _____

5. List all losses sustained during the past three years, whether reimbursed or not, from _____ to _____
(month , day , year) (month , day , year)

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

The insured represents that the information furnished in this application is complete, true, and correct. Any intentional 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.

Dated at _____ this _____ day of _____, 20____

(insured) By _____ (Name and Title)