

DATE: _____



AmTrust North America
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Civil Money Penalties Personal Protection Policy Application

AmTrust International Underwriters, Limited

THE POLICY THAT MAY BE ISSUED BASED UPON THIS APPLICATION PROVIDES CLAIMS MADE COVERAGE WRITTEN ON A NO DUTY TO DEFEND BASIS.

Institution-affiliated Party (Applicant)

Mr. Ms. (check one)

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

“Institution-affiliated Party” means the individual named on the Declarations Page who is designated as a director, officer, trustee, governor, member of the board of managers, or any equivalent position of the Company.

Financial Institution (Company)

Name: _____ FDIC #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

P.O. Box: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Website: _____

General Information

1. Within the past 18 months, has the institution had a regulatory examination by the FDIC, Federal Reserve Bank, Office of the Comptroller of the Currency or similar Regulatory Agency? Yes No
2. Has the Company been placed under or do you anticipate that the Company will be placed under, any type of formal agreement with Regulatory Agency (e.g. Cease & Desist Order, Formal Written Agreement, Supervisory Agreement, Prompt Corrective Action)? Yes No
3. As of the close of the most recent quarter was the Company's Texas Ratio <50%? Yes No
4. As of the close of the most recent quarter was the Company's Tier 1 Leverage >7%? Yes No

Claims and Potential Claims

In respect to your duties, responsibilities and obligations as an Institution-affiliated Party of the Policy Administrator:

1. Are you aware of any fact, circumstance or situation that you would reasonably expect to result in civil money penalties or any other regulatory fines/penalties to be imposed against you, the financial institution or any other director, officer or employee? Yes No
2. Have there been during the past five (5) years any Civil Money Penalties or any other regulatory fines/penalties imposed against you or, to the best of your knowledge, any other director, officer or employee? Yes No

If the answer to Question 1 or Question 2 is yes, attach full details.

Representation Statement

The undersigned declares that, to the best of his/her knowledge and belief, the statements in this Application, any prior Applications, and any additional material submitted 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 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 Policy. If a Policy is issued, it is understood and agreed that the Insurer relied upon this Application in issuing each such Policy and any Endorsements thereto. The undersigned further agrees that if the statements in this Application change before the effective date of any proposed Policy, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately.

Proposed Insured:

Print Name: _____ Signature: _____

Title: _____ Date: _____

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS SIGNED AND DATED

Agent Name: _____ License Number: _____

Agent Signature: _____

Submit Application to:

joes@fgib.com

Financial Guaranty Insurance Brokers, Inc.

Attention: Joe Scully

2500 East Colorado Blvd., Suite 260 • Pasadena, CA, 91107

Phone: 626.793.3330 • Fax: 626.793.1886

www.fgib.com