

## FINANCIAL INSTITUTION BOND STANDARD FORM NO. 15 FOR MORTGAGE BANKERS AND FINANCE COMPANIES



FL- 033 BOND 15

APPLICATION IS HEREBY MADE BY (List all insured's, including Employee Benefit Plans)  PRINCIPAL ADDRESS (Herein called the insurer)					
FOR A FINANCIAL INSTITUTION BOND, STANDARD FORM NO. 15, TO BECOME EFFEC	CTIVE AS OF	12:01	A.M.	ON	
O 12:01 A.M. ONIN THE AGGREGATE LIMIT OF LIABIL	LITY OF \$				
DATE INSURED WAS ESTABLISHED NAME	E OF PRIOR C	CARRIER			
. INSURED IS A (CHECK THE APPROPRIATE BOX):					
[ ] STOCK BROKER [ ] INVESTMENT BANKER [ ] DEALER IN SECURITIES (NOT D	DEALER IN M	ORTGA	GES	OR COMMERC	IAL PAPER)
[ ] INVESTMENT TRUST (NOT SMALL BUSINESS INVESTMENT COMPANY OR REAL E	estate inves	TMENT	TRUS	ST) [ ] MUTUA	AL FUND
[ ] FOUNDATION [ ] ENDOWMENT FUND [ ] COMMODITY BROKER (IF STOC	CK EXCHANG	SE MEMI	BER)	[ ] OTHER $\_$	
2. INSURED IS A (CHECK THE APPROPRIATE BOX): [ ] SOLE PROPRIETORSHIP [ ] F	PARTNERSHIP	, [ ] c	CORP	ORATION	
3. IDENTIFY THE STATES IN WHICH YOU ARE LICENSED TO DO BUSINESS:					
I. FOR ALL INSURED'S, SHOW THE TOTAL NUMBER OF:					NO. OF
A) SALARIED OFFICERS, EMPLOYEES AND PERSONS PROVIDED BY EMPLOYMENT CO	ONTRACTORS	S:		-	
B) LOCATIONS (OTHER THAN THE HOME OFFICE OF THE FIRST NAMED INSURED) I PUERTO RICO AND VIRGIN ISLANDS	IN THE U.S.,	CANAD	ρΑ,	-	
C) LOCATIONS OUTSIDE THE U.S., CANADA, PUERTO RICO AND VIRGIN ISLANDS,	LIST BELOW:	:		-	
LOCATION			ı	LOCATION	
5. COMPLETE THE FOLLOWING:					TOTAL ASSETS
(A) AS OF THE LATEST DEC. 31					\$
(B) AS OF THE LATEST JUNE 30					\$
5. COMPLETE THE FOLLOWING FOR OPTIONAL COVERAGE'S DESIRED:					
FORM OF COVERAGE					SINGLE LOSS LIMIT
A) IS INSURING AGREEMENT (D) – FORGERY OR ALTERATION COVERAGE DESIRED?	YES[]	N	] 0	]	\$
B) IS INSURING AGREEMENT (E) – SECURITIES COVERAGE DESIRED?	YES [ ]	N	] 0	]	\$
C) IS TRADING LOSS COVERAGE DESIRED?	YES [ ]	N	] 0	]	\$
D) IS EXTORTION – THREATS TO PERSONS COVERAGE DESIRED?	YES [ ]	N	] 0	]	\$
If "YES", list below locations to be excluded:				LOCATION	

COMPLETE THE FOLLOWING FOR OPTIONAL COVERAGE'S DESIRED	(CONT'D)						SINGLE LOSS LIMIT
E) IS EXTORTION – THREATS TO PROPERTY COVERAGE DESIRED?	YES [	]	NO	[	]		\$
If "YES", list below locations to be excluded:							
LOCATION						LOCATI	ON
F) IS COMPUTER SYSTEMS FRAUD COVERAGE DESIRED?  If "YES", complete the following:	YES [	]	NO	[	]		SINGLE LOSS LIMIT  \$
(1) INSURED'S COMPUTER SYSTEM(S) FOR THE COMPUTER SYSTEM(S) YOU OPERATE, WHETHER OWN A) NUMBER OF INDEPENDENT SOFTWARE CONTRACTORS AUT							
FOR YOUR SYSTEM(S):							
B) IS ACCESS TO YOUR SYSTEM(S) BY CUSTOMERS OR OTHER C	OUTSIDE PARTIES	S PER/	VITTED	Οŝ		YES [	] NO[]
(2) OTHER COMPUTER SYSTEMS LIST BELOW OTHER COMPUTER SYSTEM(S) FOR WHICH COVER	AGE IS DESIRED	:					
COMPUTER SYSTEM(S)							
NAME & LOCATION					-	NAME & LOC	CATION
H) IS COVERAGE DESIRED ON CLOSING ATTORNEYS RETAINED BY Y OR OTHERWISE ASSIST IN THE MAKING OF MORTGAGE LOANS If "Yes', list below the name and location of each closing attorney:	? (TITLE INSURA						OF REAL PROPERTY YES [ ] NO [ ]
NAME & LOCATION					ı	NAME & LOC	CATION
CHECK THE APPROPRIATE BOX(ES) IF YOU ARE A SELLER OR SERVICE  [ ] FREDDIE MAC , [ ] FANNIE MAE , [ ] GINNIE MAE , [ ] (			ARKET	ГΜ	ORT	GAGES OF:	
FOR DEDUCTIBLES, COMPLETE THE FOLLOWING: (NOTE: DEDUCTII TO THAT CARRIED ON THE BASIC BOND COVERAGE. DEDUCTIBLES							
COVERAGE							I IN ANY AMOUNT.)
COVENAGE							SINGLE LOSS DEDUCTIBLE
	KTORTION						·
A) ALL COVERAGE'S EXCEPT INSURING AGREEMENTS (D), (E) AND EX	XTORTION						SINGLE LOSS DEDUCTIBLE
A) ALL COVERAGE'S EXCEPT INSURING AGREEMENTS (D), (E) AND EXB) INSURING AGREEMENT (D)- FORGERY OR ALTERATION	XTORTION						SINGLE LOSS DEDUCTIBLE
A) ALL COVERAGE'S EXCEPT INSURING AGREEMENTS (D), (E) AND EXB) INSURING AGREEMENT (D)- FORGERY OR ALTERATION C) INSURING AGREEMENT (E)- SECURITIES D) EXTORTION- THREATS TO PERSONS	xtortion						SINGLE LOSS DEDUCTIBLE \$

		n excess, concurren D-surety also show			OF THE OTHER CAR	RIERS
		COINSURANCE BASIS, tion of between 5% and		AGE PARTICIPATION		%.
12. AUDIT PROCEDUI	RES:					
B) IF "YES", IS IT A	COMPLETE AUDIT MA	NUAL [ ] AUDIT BY AI DE IN ACCORDANCE W THE SCOPE OF THE CPA	ITH GENERALLY ACCE			NO [ ] TIFIED?
•	PORT RENDERED DIRE	CTLY TO ALL PARTNERS	IF A PARTNERSHIP OR	TO THE BOARD OF DIRE	ECTORS IF A CORPO	DRATION?
E) NAME AND LO	CATION OF CPA:					
F) DATE OF COMP	LETION OF LAST AUD	IT BY CPA:				
,		AUDIT BY AN INTERNAL NDERED DIRECTLY TO AI			YES [ ] ARD OF DIRECTOR YES [ ]	NO [ ] S IF A CORPORATION? NO [ ]
•	D SECURITIES ACTUAL RE LOAN BALANCES VE	LY COUNTED AND VERI ERIFIED?	FIED?		YES [ ]	NO[]
A) DO YOU REQU		ns of at least two c		FOR ALL PERSONNEL?	YES [ ]	NO [ ]
If "NO", explain:_						
CAN BE FULLY		ram requiring segre Origination to post			NSACTION YES [ ]	NO [ ]
If "NO", explain: _ C) ARE BANK ACC  If "NO", explain: _	OUNTS RECONCILED	BY SOMEONE NOT AU	THORIZED TO DEPOSIT	OR WITHDRAW?	YES [ ]	NO [ ]
	GNATURE OF CHECKS	(INCLUDING ESCROW	accounts) require	Dŝ	YES [ ]	NO [ ]
E) ARE MONTHLY	STATEMENTS (WHETHE	R OR NOT THERE WAS	ACTIVITY IN THE ACCO	DUNT) MAILED DIRECTLY	TO ALL CUSTOME	RS?
	) [ ] If "NO", explo ANY CHANGE IN OW	iin: NERSHIP OR MANAGEM	NENT WITHIN THE PAST	THREE YEARS? YES	[ ] NO[ ]	
If "YES", explain:_ 15. HAS ANY INSURA	NCE BEEN DECLINED	OR CANCELED DURING	THE PAST THREE YEAR	RS\$	YES [ ]	NO [ ]
If "YES", explain:_						
16. LIST ALL LOSSES S	SUSTAINED DURING TH	HE PAST THREE YEARS, W	VHETHER REIMBURSED	OR NOT, FROM	/	/
TO/	/	·	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	IF LOSS OCCURRED AT OTHER THAN MAIN OFFICE, STATE LOCATION
		+				

THE INSURED REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY 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.

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	DA	Y OF	YEAR
		BY		
(Insured)			(Name and Title)	

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