



**STARKWEATHER & SHEPLEY**  
INSURANCE CORP. OF MA  
an Assurex Global Partner

**Financial Insurance Division**

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**Financial Institution Bond Application**

Company Name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Effective Date of Bond: \_\_\_\_\_ Requested Bond Limit: \_\_\_\_\_

Date Insured was Established \_\_\_\_\_

1. Insured is a (*check the appropriate box*):  Investment Adviser  Hedge Fund  
 Broker/Dealer  Other:

2. Insured is a (*check the appropriate box*):  Sole Proprietorship  Partnership  
 Corporation  LLC

3. For all Named Insured, show the total number: Number of
- a. Salaried officers and employees, retained attorneys and person provided by employment contractors
  - b. Locations other than the Home Office of the first Names Insured in the U.S., Canada, Puerto Rico, Virgin Islands
  - c. Locations outside of the U.S., Canada, Puerto Rico, Virgin Islands

<u>Location</u>	<u>Location</u>

**4. Audit Procedures:**

- a. Is there an  annual  semi-annual Audit by an independent CPA
- b. If "Yes", is it a complete audit made in accordance with generally accepted auditing standards and so certified?
- c. If the answer to (b) is "No", explain the Scope of the CPA's examination:

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- d. Is the audit report rendered directly to all partners if a partnership or to the Board of Directors if a corporation?
- e. Name and Location of CPA:

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- f. Date of completion of the last audit by CPA
- g. Is there a continuous internal audit by an Internal Audit Department?
- h. If "Yes", are monthly reports rendered directly to all partners if a partnership or to the Board of Directions if a corporation?
- i. Are money and securities actually counted and verified?

**5. Internal Controls (Other Than Audit Procedures):**

- a. Do you require annual vacations of at least two consecutive weeks for all personnel?  
If "No", explain:

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- b. Are bank accounts reconciled by someone not authorized to deposit or withdraw?  
If "No", explain:

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- c. Is countersignature of check required?  
If "No", explain:

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- d. Are monthly statements (whether or not there was activity in the account) mailed directly to all customers?  
If "No", explain:

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6. Are you deemed to have custody according to SEC standards: Yes  No   
If "Yes", explain:

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7. Do you ever take physical custody of client's investment assets? Yes  No   
If "Yes", describe the circumstances and types of assets.

8. Has there been any change in ownership or management within the past three years?  
If "Yes", explain:

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9. Has any insurance been declined or canceled during the past three years?  
If "Yes", explain:

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10. Please provide a list of all losses sustained during the past three years, reimbursed or not.  
Check if non:

The Insured represents that the information furnished in this application is complete, true and correct. Any misrepresentations, 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)

Broker: Starkweather & Shepley Insurance Corp. of MA  
Financial Insurance Division  
400 Blue Hill Drive Westwood, MA 02090  
(781)-320-9660 Phone (781)-320-9901 Fax