



**UNDERWRITTEN IN FEDERAL INSURANCE COMPANY OR  
VIGILANT INSURANCE COMPANY**

Please answer all of the following inquiries. If the COMPANY agrees to Issue a policy, all of the information which the Applicant provides will become part of any policy issued to the Applicant by Federal Insurance Company or Vigilant Insurance Company. Any misrepresentation, omission, concealment or incorrect statement of a material fact in this APPLICATION will be grounds for rescision.

**A. GENERAL INFORMATION**

1. a. Name of Proposed Named Assured:

\_\_\_\_\_

b. Address of Proposed Named Assured:

\_\_\_\_\_ (Street Address) (City) (State) (Zip Code)

2. Requested Coverages:

Insuring Agreement

Limits

A. Liability

\$ \_\_\_\_\_

B. Loss of Customers' Property

\$ \_\_\_\_\_

Deductible

\$ \_\_\_\_\_

Effective Date Desired: \_\_\_\_\_

**B. CONTROLS**

1. Number of locations providing safe deposit box facilities. \_\_\_\_\_

2. Number of safe deposit boxes at all locations. \_\_\_\_\_ Number Rented \_\_\_\_\_

3. a. Are the safe deposit boxes in the main vault or in a separate vault?  MAIN  SEPARATE

b. Is the opening and closing of this vault under dual control?  YES  NO

4. Are all safe deposit boxes under dual key lock, with the customer holding one key?  YES  NO

5. Are keys to unrented safe deposit boxes maintained under dual control?  YES  NO

6. Are safe deposit box custodians, officers, and employees of the Applicant prohibited from holding customers' safe deposit box keys, either as deputies or for safekeeping?  YES  NO

7. Are both the vault custodian and customers present at the time safe deposit boxes are removed and replaced in the safe deposit vault?  YES  NO

8. Are access slips/ledger cards always signed by the customers in the presence of the vault custodian?  YES  NO

9. How long are access slips/ledger cards retained? \_\_\_\_\_

10. Are signature cards on file for all safe deposit box renters and their appointed deputies?  YES  NO

11. Does the vault custodian verify signatures and identification before admitting a customer or his deputy?  YES  NO
12. After box removal, is the door to the safe deposit box "locked open" thus indicating a box is missing from its slot and awaiting return?  YES  NO
13. Are safe deposit booths or rooms inspected by the vault custodian after the customer leaves?  YES  NO
14. Are locks changed on surrendered safe deposit boxes?  YES  NO
15. Have you established a written claims procedure to be used in the event that a safe deposit box is broken into?  YES  NO

**If yes,** please attach a copy of your claims procedure.

16. If it becomes necessary to open a safe deposit box, other than in the presence of a customer or deputy, is this operation witnessed by at least two (2) of the Applicant's officers?  YES  NO
17. Do all safe deposit box renters sign a standard rental agreement that clearly states the Applicant's duty and liability?  YES  NO

**If yes,** please attach a copy of the standard agreement(s) in effect.

18. Does the Applicant's alarm system protect the safe deposit box area?  YES  NO
19. Is the alarm system a Line Secure System connected to a central station or police station?  YES  NO
20. Is the alarm system inspected and serviced under the terms of a maintenance contract with the manufacturer?  YES  NO

The undersigned persons declare that to the best of their knowledge the statements set forth above and in any attachments to this APPLICATION are true and correct, and that every reasonable effort has been made to obtain sufficient information to facilitate the proper and accurate completion of this APPLICATION. The undersigned agree that if any significant change in the condition of the Applicant is discovered between the date of this APPLICATION and the effective date of the policy which would render this APPLICATION inaccurate or incomplete, notice of such change will be reported in writing to the COMPANY immediately and, if necessary, any outstanding quotation may be modified or withdrawn. The undersigned persons understand and further agree that the completion and signing of this APPLICATION neither binds the COMPANY to sell nor the Applicant to purchase the insurance.

Please note: ONLY CHUBB APPOINTED AGENTS AND LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR COVERAGE. AGENTS AND BROKERS ARE NOT AUTHORIZED TO BIND COVERAGE. NO COVERAGE SHALL BE PROVIDED UNLESS THE COMPANY ACCEPTS THE APPLICATION AND BINDS THE COVERAGE.

**False Information:**

**Any person who, knowingly and with intent to defraud any insurance company or other person, files an APPLICATION for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.**

Proposed Named Assured: \_\_\_\_\_

By \_\_\_\_\_  
 Signature of Chief Executive Officer  
 (or other Senior Officer if the Chief Executive  
 Officer is also the Chairman, Board of Directors)

By \_\_\_\_\_  
 Signature of Chairman, Board of Directors

Date \_\_\_\_\_

Date \_\_\_\_\_

A policy cannot be issued unless the APPLICATION is properly signed and dated by the Chief Executive Officer (or other senior officer if the Chief Executive Officer is also the Chairman, Board of Directors) and the Chairman, Board of Directors.

**NOTE:** This APPLICATION and all attachments shall be treated in strictest confidence.