

The Company issuing this policy is indicated by an "X" in the box to the left of the Company's name.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
(A Stock Insurance Company, herein called the Underwriter)

AMERICAN HOME ASSURANCE COMPANY
(A Stock Insurance Company, herein called the Underwriter)

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

EXECUTIVE OFFICE
70 PINE STREET
NEW YORK, NY 10270

**APPLICATION FOR A
FINANCIAL INSTITUTION BOND, STANDARD FORM NO. 15
FOR MORTGAGE BANKERS AND FINANCE COMPANIES**

Applications is hereby made by _____

(List all Insureds including Employee Benefit Plans)

Principal Address _____ (herein call insured)
(No) (Street) (City) (State) (Zip)

for a _____ **Financial Institution Bond, Standard Form No. 15**, to become effective as of
(primary, excess, concurrent, co-surety, coinsured)

12:01 a.m. on _____, _____ 12:01 a.m. on _____, _____ in the Aggregate Limit of Liability of \$ _____

Date Insured was established _____ Name of prior carrier _____

1. Insured is a (check the appropriate box): Finance Company , Small Loan Company , Small Business Investment Company
Mortgage Broker , Dealer in Mortgages , Dealer in Commercial Paper , Note Broker , Real Estate Investment Trust
Title Insurance Company principally engaged in the mortgage business , Other _____

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

3. Identify the states in which you are licensed to do business:

4. For all Named Insureds, show the total number of: No. of

(a) Salaried officers and employees, retained attorneys and persons provided by employment contractors _____

(b) Locations (other than the Home Officer of the first Named Insured) in the U.S., Canada,
Puerto Rico and Virgin Islands _____

(c) Locations outside of the U.S., Canada, Puerto Rico and Virgin Islands, list below _____

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

5. Complete the following Total Assets
(a) As of latest Dec. 31 (12/31/03) \$ _____
(b) As of latest June 30, 2004 \$ _____

6. Complete the following for forms and amounts of optional coverage desired:

Form of Coverage

Amount

- (a) Is Insuring Agreement D — Forgery or Alteration Coverage desired? Yes No \$ _____
- (b) Is Insuring Agreement E — Securities Covered desired: Yes No \$ _____
- (c) Is Trading Loss Coverage desired? Yes No \$ _____
- (d) Is Extortion — Threats to Persons Coverage desired Yes No \$ _____
 If "Yes," is coinsurance basis desired? Yes No \$ _____
- (e) Is Extortion — Threats to Property Coverage desired? Yes No \$ _____
- (f) Is coverage desired on businesses engaged in the data processing of your checks of other accounting records? Yes No

Name & Location

Name & Location

- (g) Is Computer Systems Coverage desired? Yes No \$ _____

If "Yes," complete the following:

- (1) Number of independent software contractors or service bureaus authorized to design, develop, prepare, supply, service, write or implement programs for your Proprietary System _____
- (2) Is customer access to your Proprietary System, excepted by Automated Teller Machines permitted: Yes No
- (3) If coverage is desired on Computer System **other than** leased, shared or other Automated Teller Machine Systems not accessed to your Proprietary System, list below:

Name

- (4) If coverage is desired on leased, shared or other Automated Teller Machines Systems not accessed to your Proprietary System, list below:

Name

No. of Machines

- (h) Is coverage desired on closing attorneys retained by you to prepare deeds, investigate titles of real property or otherwise assist in the making of mortgage loans? (Title Insurance Companies only) Yes No

If "Yes," list below the name and location of each closing attorney:

Name & Location

Name & Location

7. Check the appropriate box(es) if you are a seller or servicer of secondary market mortgages of: Freddie Mac , Fannie Mae , Ginnie Mae , Other agencies _____

8. If deductibles are desired, complete the following: (Deductibles on Insuring Agreements (D) and (E) must be at least equal to that carried on the Basic Bond Coverage.)

Coverage

Amount

- All Except (D) and (E) \$ _____
- (D) Forgery or Alteration \$ _____
- (E) Securities \$ _____

9. If coverage is being written on an excess, concurrent or co-surety basis, show names of other carriers, bond amounts and (in the case of co-surety) percentage participations: _____

10. If coverage is being written on a coinsurance basis, show Insured's percentage participation _____%. (Note: Insured may assume a participation of between 5% and 25%)

11. AUDIT PROCEDURES:

- (a) Is there an annual , semi-annual audit by an independent CPA? Yes No
- (b) If "Yes," is it a complete audit made in accordance with generally accepted auditing standards and so certified? Yes No
- (c) If the answer to (b) is "No," explain the scope of the CPA's examination _____
- (d) is the audit report rendered directly to all partners if a partnership or to the Board of Directors if a corporation? Yes No
- (e) Name and Location of CPA: Price Waterhouse Coopers, San Francisco, CA _____
- (f) Date of completion of the last audit by CPA _____
- (g) Is there a continuous Internal Audit Depart? Yes No
- (h) If "Yes," are monthly reports rendered directly to al partners if a partners or to the Board of Directors if a corporation? Yes No
- (i) Are money and securities actually counted and verified? Not Applicable..... Yes No
- (j) How often are loan balances verified? Yes No

12. INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):

- (a) Do you require annual vacations of at least tow consecutive weeks for all personnel? Yes No
If "No," explain: _____
- (b) Is there a formal, planned program requiring segregation of duties so that no single transaction can be fully controlled from origination to posting by one person? Yes No
- (c) Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No
If "No," explain: _____
- (d) Is countersignature of checks and bank reconciliation by person(s) not authorized to deposit or withdraw? Yes No
If "No," explain: _____
- (e) Are monthly statements (whether or not there was activity in the account) mailed directly to all customers? Yes No
If "No," explain: _____

13. Has there been any change in ownership or management within the past three years? Yes No
If "Yes," explain: _____

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

15. List all losses sustained during the past three years, whether or not, from _____ to _____
 Check if none (month, day, year) (month, day year)

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 Officer, 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.

Dated at _____ this _____ day of _____ 20____

 (Insured) By _____

