

LOSS NOTICE

Financial Institution Bond

Bond Number:

Named Insured:

Address:

Insured Contact Information:

Name:

Phone:

Title:

Email:

Check box next to Type of Loss:

<input type="checkbox"/> A - Fidelity	<input type="checkbox"/> O - Loss of Customer's Property
<input type="checkbox"/> B - On Premises Property	<input type="checkbox"/> P - Automated Mechanical Devices
<input type="checkbox"/> C - In Transit	<input type="checkbox"/> Q - Transit Cash Letters
<input type="checkbox"/> D - Forgery or Alteration	<input type="checkbox"/> R - Unauthorized Signatures
<input type="checkbox"/> E - Securities and Signature Guarantees	<input type="checkbox"/> S - Check Kiting Fraud
<input type="checkbox"/> F - Counterfeit Money	<input type="checkbox"/> T - Debit Card Fraud
<input type="checkbox"/> G - Fraudulent Mortgages	<input type="checkbox"/> U - Kidnap and Ransom
<input type="checkbox"/> H - Computer Systems fraud	<input type="checkbox"/> V - Property and Cyber Extortion
<input type="checkbox"/> I - Data Processing Service	<input type="checkbox"/> W - Stop Payment Liability
<input type="checkbox"/> J - Fraudulent Transfer Instructions	<input type="checkbox"/> X - Claims Expenses and Audit
<input type="checkbox"/> K - Destruction of Data or Programs by Hacker	<input type="checkbox"/> Y - Security Breach Expense
<input type="checkbox"/> L - Destruction of Data or Programs by Virus	<input type="checkbox"/> Z - Electronic Business Income
<input type="checkbox"/> M - Voice Computer System Fraud	<input type="checkbox"/> AA - Rewards
<input type="checkbox"/> N - Liability of Depository	<input type="checkbox"/> BB - Payments for Injury or Death

Date/Dates
of Loss:

Description of Loss:

Who discovered
the Loss?

Probable
amount of Loss:

It is understood that a claim blank or assistance rendered by representatives of this Company in the investigation of the loss is not a waiver of this Company's right and defenses, or an admission of liability. This form is submitted by the Company to assist the Insured in complying with the conditions in the bond relative to filing a proof of loss.

Please send documentation to: Berkley Financial Specialists, 849 Fairmount Avenue, Suite 301, Towson, MD 21286

Or E-mail to: claims@berkleyfs.com