

Safe Deposit Box Insurance Notice RESPONSE REQUIRED



We recommend all safe deposit box holders maintain some insurance coverage on their box contents. To sign up for coverage complete the following steps, sign application and return your response via fax (630-883-8773), by mail (SDBIC, PO Box 724, Elgin, IL 60121) or save application on your computer and email to applications@sdbic.com.

Step 1: Review Program Overview for Full Details on Coverage and Costs

Step 2: Select Your Coverage Amount From Pricing Grid Below

Select One	Coverage Limit	Annual Premium	Select One	Coverage Limit	Annual Premium
<input type="checkbox"/>	\$5,000	\$25	<input type="checkbox"/>	\$50,000	\$110
<input type="checkbox"/>	\$10,000	\$50	<input type="checkbox"/>	\$75,000	\$150
<input type="checkbox"/>	\$15,000	\$60	<input type="checkbox"/>	\$100,000	\$200
<input type="checkbox"/>	\$20,000	\$75	<input type="checkbox"/>	\$120,000	\$240
<input type="checkbox"/>	\$30,000	\$90	<input type="checkbox"/>	\$150,000	\$300
<input type="checkbox"/>	\$40,000	\$100	<input type="checkbox"/>	\$200,000	\$400

- Coverage limits up to \$500,000 instantly available online at www.insuremybox.com/fcbatesville or by calling a customer service representative toll free at 844-426-9467.
- Confirmation of your coverage will be mailed to you with a copy of your policy. Coverage is effective when payment is received.
- Coverage limits can be changed by you at any time. You may also cancel at any time.

Step 3: Complete Basic Personal Information

Name (Title, First and Last): _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Phone: _____ Email: _____

Branch Location (City and Street): _____ Box Number (Last two digits): _____

Step 4: Select Payment Method

Check Enclosed

Make checks payable to SDBIC

OR

Automatic Debit

Checking

Savings

Routing #: _____

Account #: _____

OR

Credit Card

Visa

MasterCard

Discover

Card #: _____

Exp Date: ____ / ____ Security Code: _____

I authorize SDBIC to electronically debit my account for the full amount of the selected annual premium on the effective date of coverage provided in the policy you will receive by mail. A renewal notice and invoice will be sent to you 30 days prior to your policy expiration. Coverage renews automatically by the method you provided above until cancelled. You may cancel your coverage by calling 844-426-9467.

Step 5: Sign to Authorize Purchase

Authorized Signature: _____
(required for purchase)

Date: ____ / ____ / ____

The purchase of this insurance is optional and not required to obtain credit or other products or services from First Community Bank.

NOT A DEPOSIT - NOT FDIC-INSURED - NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY - NOT GUARANTEED BY THE BANK - MAY GO DOWN IN VALUE

Insurance is offered through Safe Deposit Box Insurance Coverage, LLC, a licensed agent and is underwritten by AXA Insurance Company. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly and with intent defrauds any insurance company is subject to criminal and civil penalties. The information you provide will be shared for the limited purpose of issuing the policy. All information is maintained in strictest confidence in accordance with state and federal law.

DECLINE COVERAGE - I acknowledge that neither First Community Bank nor the FDIC provide insurance in the event of damage or loss to the property stored in my safe deposit box. I choose not to purchase coverage at this time.

Authorized Signature: _____
(required for declination)

Date: ____ / ____ / ____



SAFE DEPOSIT BOX
INSURANCE COVERAGE, LLC

Store It. Insure It.
Making the safest places even safer.
insuremybox.com / (844) 426-9467

Summary of Policy Terms

Covered Perils

The coverage insures property in the safe deposit box against loss, damage or destruction caused by fire, water damage from floods (such as ground water seepage or leaking, water or sewage from the institutions plumbing or sprinkling systems), hurricane, tornado, earthquake, avalanche, landslide, mudslide, sinkhole, or other natural disaster or as a result of explosion, terrorist act, or robbery or burglary. There must be an identifiable event to trigger coverage. If there is no explanation for a claimed loss, such mysterious disappearances are not covered.

Covered Property

Anything you can place in the safe deposit box that is legal for you to own or possess is covered including gold, cash, silver or other precious metals, diamonds, currency, gold certificates, bank notes, coins, bonds, securities, jewelry, rare books, stamps, historical documents, lithographs, drawings, sports cards and memorabilia, fine art, antiques, firearms, and any type of collectible.

Each policy also provides \$3,000 of coverage to assist you in obtaining replacements for any important papers in the safe deposit box such as titles, wills, deeds, immigration papers, passports, discharge orders or other documents or personal mementos. This \$3,000 of coverage is NOT in addition to the coverage but is included and if claimed will then be deducted from the overall limits of the coverage.

If a friend or family member has given you property to store in the safe deposit box, that property is fully insured as long as it is legal to possess.

You may add or remove property from the safe deposit box during the policy term without providing notice to SDBIC. To be insured, the property must be in the safe deposit box in the vault, or safe, of the institution at the time of the loss. There is no coverage for property outside the safe deposit box.

Coverage Amount

Each safe deposit box holder selects the amount of coverage they wish to carry on the property in the box. Neither disclosure of the contents of the box nor an appraisal is required to obtain coverage. The \$3,000 of replacement costs for important personal documents is paid subject to the overall limits carried on the safe deposit box; the \$3,000 is **not** in addition to coverage limit.

Premium

The premium is set annually based on the coverage amount selected. The policy is effective on the date the premium is received, unless you select a date in the future for coverage to commence. You may terminate the policy at any time by contacting SDBIC. Where applicable, a minimum premium of \$25.00 will be applied against any premium refund or credit. The policy will automatically renew each year until cancelled. You will be provided notice within 30 days of the expiration that the policy is being renewed.

Claims/Claim Settlements

In the event of a loss, you will be paid the cost to repair or replace the property up to the limits of your coverage. Notice of a loss should be provided as soon as the insured discovers, or becomes aware of, the loss. The notice should describe the nature of the loss and an estimate of the value of the property in the safe deposit box at the time of the loss. Property should not be removed from the safe deposit box until directed by your institution or a representative of the insurance company. An inspection of the property or a third party estimate of the cost to repair property may be required. A settlement will be paid within 30 days after the amount of the loss is determined. No claim can be made within 14 days of the inception of the initial policy for loss due to a hurricane or flooding.

Refer to Policy

The above is intended to be a summary and does not list or discuss all terms and conditions. Please refer to the policy for additional terms. To the extent anything in this description is inconsistent with the policy terms, the terms of the policy are controlling.