

Safe Deposit Box Insurance Offer

Preserving and growing your assets is one of our primary objectives, and a safe deposit box is often part of that plan. However, it's still wise to insure the contents of your safe deposit box in the event of a natural disaster, robbery or other catastrophe. **To sign up for coverage, please complete the following steps, sign the application and mail to SDBIC, 25 S. Grove Ave., Suite 207, Elgin, IL 60120 or fax application to (630) 883-8773.**

Step 1: Please Select the Coverage Amount Desired for the Property Stored in Your Safe Deposit Box

Select One	Coverage Limit	Annual Premium	Select One	Coverage Limit	Annual Premium
<input type="checkbox"/>	\$5,000	\$25	<input type="checkbox"/>	\$50,000	\$140
<input type="checkbox"/>	\$10,000	\$45	<input type="checkbox"/>	\$75,000	\$210
<input type="checkbox"/>	\$15,000	\$60	<input type="checkbox"/>	\$100,000	\$280
<input type="checkbox"/>	\$20,000	\$75	<input type="checkbox"/>	\$125,000	\$350
<input type="checkbox"/>	\$30,000	\$100	<input type="checkbox"/>	\$150,000	\$420
<input type="checkbox"/>	\$40,000	\$125	<input type="checkbox"/>	\$200,000	\$560

- Coverage limits up to \$500,000 instantly available online at www.sdbic.com/suntrust or by calling customer service at 224-227-6181
- Confirmation of your coverage will be mailed to you with a copy of your policy, and coverage is effective when payment is received
- Coverage limits can be changed or canceled by you 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: Complete Automatic Debit OR Credit Card Information

<p style="text-align: center; color: red;">Check Enclosed</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">Make checks payable to SDBIC</p>	<p style="text-align: center; color: red;">Automatic Debit</p> <p>Checking <input type="checkbox"/> Savings <input type="checkbox"/></p> <p>Routing #: _____</p> <p>Account #: _____</p>	<p style="text-align: center; color: red;">Credit Card</p> <p> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> </p> <p>Card #: _____</p> <p>Exp Date: ____ / ____ Security Code: _____</p>
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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 payment method you provided above until cancelled. You may cancel your coverage by calling 224-227-6181 or mailing notice to SDBIC at 25 S Grove Ave, Suite 207 Elgin, IL 60120

Step 5: Sign to Authorize Purchase

Authorized Signature: _____ **Date:** ____ / ____ / ____

(required for purchase)

The purchase of this insurance is optional and not required to obtain credit or other products or services from SunTrust

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.

Sun Trust is not affiliated with and is not responsible for the products and services offered by Safe Deposit Box Insurance Coverage, LLC

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 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 financial 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. Disclosure of the contents of the box is not required. Nor is an appraisal required. 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 will be applied against any premium refund or credit. The policy will automatically renew each year until cancelled. You will be provided notice that the policy is being renewed within 30 days of the expiration.

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 financial 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.