



Application for Crime Insurance

AGENCY/ BROKER	CODE	NAME & LICENSE NUMBER	POLICY NUMBER
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Name of Insured: _____

Please attach a list if more than one Insured, including any employee benefit plan subject to the ERISA Bonding requirement)

Street Address: _____ Website: _____

City: _____ State: _____ Zip: _____ Effective Date: _____

Predominant Business Activity: Manufacturer Distributor/Wholesaler Retail Service
 Construction Real Estate Other

Describe the products and services of your predominant business activity _____

Year Business Started: _____ Annual Sales or Revenue: _____ Billing: Annual 3 yr. Prepaid

Are you a publicly-traded company? Yes No If yes, ticker symbol _____ 3yr. / Annual Installments

DESIRED CRIME COVERAGE:	LIMIT OF LIABILITY	DEDUCTIBLE
• Employee Dishonesty	\$ _____	\$ _____
• Forgery or Alteration	\$ _____	\$ _____
• On Premises (Money, Securities and other property)	\$ _____	\$ _____
• In Transit (Money, Securities and other property)	\$ _____	\$ _____
• Money and Counterfeit Paper Currency	\$ _____	\$ _____
• Computer Fraud and Funds Transfer Fraud	\$ _____	\$ _____

If all six coverages listed above are desired at the same Limit of Liability \$ _____ \$ _____

Expiring Crime Insurer: _____ Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

LOSS EXPERIENCE:

List all crime losses sustained during the last three years whether reimbursed or not. Check here if none

Date of Loss	Total Amount of Gross Loss	Description of Loss and Corrective Action

	US/Canada	Other Countries*	Total
Total # of Employees	_____	_____	_____*
Total # of Locations (other than main office)	_____	_____	_____

*As applicable, break out the following employees from the Total: Leased _____ Temporary _____
 Non-compensated employees _____

Are any employees compensated with commissions, based on sales activity, that on average exceeds 50% of their base salary?
 Yes No If yes, how many? _____

*Name of Other Country	Predominant Business Activity	# of Employees	# of Locations	Annual Sales or Revenue



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Please indicate the maximum exposure for each location:

Credit Card Receipts

Locations

Cash

Retail Checks

and Non-retail Checks*

Is there a Safe?

(Y or N)

**A non-retail check is a check presented to you and immediately endorsed "for deposit only" and then recorded in your accounting process so that it can be recreated if it is stolen, lost or destroyed.*

Companies that practice segregation of duties and perform background checks on new employees have a better opportunity to either prevent or detect employee dishonesty. Segregation of duties means that no single employee can control a process or transaction from beginning to end.

Internal Controls

1. Are officer-shareholders active in the day to day oversight of business operations? Yes No
2. Do employees who reconcile the bank statement also :
 - Make deposits? Yes No
 - Make withdrawals? Yes No
 - Sign checks? Yes No
3. Is countersignature of checks required? Yes No
 If yes, what is the dual signing limit? _____
4. Is segregation of duties practiced in the following areas:
 - Inventory management? Yes No
 - Vendor approval? Yes No
 - Purchase order approval and payment? Yes No
 - Cash receipts? Yes No
 - Oversight of blank check stock? Yes No
 - Retail checks and Credit Card receipts? Yes No
 - Payroll? Yes No
 - Wire transfer receipts and payments? Yes No
5. Are all incoming checks stamped "for deposit only" immediately upon receipt? Yes No
6. Are inventory records computerized? Yes No
 Is a physical count of inventory conducted at least annually? Yes No
7. Are the duties of computer programmers and operators separated? Yes No
8. Are computer passwords changed frequently? Yes No
9. For new employees, do you perform any of the following types of background checks:
 - none prior employment education criminal history drug testing credit history
10. Are the controls indicated in 1-9 above imposed at all locations? Yes No
 If no, please explain exceptions: _____

Audit Functions:

1. Do you engage an independent CPA for an annual audit? Yes No
 If yes, does the audit include all Insureds? Yes No
 If yes, does the audit include all locations? Yes No
2. Please indicate the type of audit: Certified Compilation Review
3. Does the CPA prepare a management letter on internal controls? Yes No;
4. Have you adopted all material recommendations made in the management letter? Yes No
 No Material recommendations given
5. Do you have an internal audit staff? Yes No
6. If yes, does the internal audit include: all locations? Yes No
 all subsidiaries? Yes No
 all cash accounts? Yes No
 all bank accounts? Yes No
 all inventory? Yes No
 computer operations? Yes No

Business Operations:

1. Have you experienced any of the following in the past 3 years: (Please explain any yes answers.) Yes No
 Change in ownership or control? Yes No
 Merger, acquisition or divestiture? Yes No
 Changes in Sr. management? Yes No
 Workforce reductions or expansions of more than 10%? Yes No
 Significant change in operating strategy, products offerings or service? Yes No
2. Do you annually develop and follow a formal written business plan? Yes No
3. Do you have any of the following Policies in place with communication to all employees: Yes No
 Code of Ethics? Yes No
 Fraud Policy? Yes No
 Conflict of Interest? Yes No
4. Is a confidential hotline or procedure in place for employees to report violations of your Policies? Yes No
5. Do you have any of the following physical protection controls in place? Yes No
 Guards/Watchmen Yes No
 Premises Alarm Systems Yes No
 Messengers Yes No
 Controlled premises access Yes No
 Other protection: _____

Unique/Significant Exposures:

Please indicate any of the following characteristics or exposures that apply to your business operations: None

- | | | |
|---|--|--|
| <input type="checkbox"/> Precious metals or gemstones; | <input type="checkbox"/> Proprietary credit card operation; | <input type="checkbox"/> Joint Ventures |
| <input type="checkbox"/> Warehousing operations; | <input type="checkbox"/> Employee Credit Cards; | <input type="checkbox"/> Narcotics; |
| <input type="checkbox"/> Managed Assets of Others; | <input type="checkbox"/> Computer chips; | <input type="checkbox"/> High unit value, portable inventory |
| <input type="checkbox"/> Proprietary Trading Activities | <input type="checkbox"/> Care, Custody and Control of Client's Property; | |
| <input type="checkbox"/> Art Collection or other valuable collectibles; | <input type="checkbox"/> Active participation in more than one industry; | |

If you checked any of the exposures characteristics, please provide an attachment that quantifies the exposure and briefly describes the controls in place to protect you from loss.



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CURRENT EXECUTIVE LIABILITY INSURANCE COVERAGES

Policy	Limit	Deductible	Insurance Co.	Eff. Date	Premium
Directors & Officers Liability					
Employment Practices Liability					
Fiduciary Liability					

Note: Please attach a separate sheet wherever space is insufficient for your response to any items in this application.

THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

Attention: For all Insureds other than those in VA or UT

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Attention: Insureds in VA and UT

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Attention: Insureds in KY and FL

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Attention: Insureds in NY

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Date

Signature

Title