



CRIME INSURANCE APPLICATION

PLEASE READ THE POLICY CAREFULLY

Please fully answer all questions and submit all requested information. Terms appearing in bold face in this Application are defined in the Policy and have the same meaning in this Application as in the Policy. If you do not have a copy of the Policy, please request it from your agent or broker. This Application, including all materials submitted herewith, shall be held in confidence.

1. GENERAL INFORMATION

- (a) Applicant Name: (Whenever used in this Application, the term "Applicant" shall mean the **Insured**, unless otherwise indicated)
- (b) Principal Address:
 - a. Street:
 - b. City:
 - c. State:
 - d. Zip Code:
- (c) State of Incorporation:
- (d) Date Established:
- (e) Nature of Business:
- (f) Applicant's Website address (if applicable):
- (g) Name of applicant's designated representative to receive all notices from the Insurer on behalf of all person(s) and entity(ies) proposed for this insurance:
- (h) Standard Industry Classification Code (SIC Code):
- (i) Annual Revenue: (in 000's):
- (j) If Publicly Traded what is Ticker Symbol?

(k) Form of business organization: Corporation Partnership Limited Liability

(l) Corporation For Profit Not For Profit

DESCRIPTION OF OPERATIONS:

In the course of your business do you perform any of the following functions?

- (a) Trading Yes No
- (b) Extending Credit Yes No
- (c) Issuing Warehouse Receipts Yes No
- (d) Transporting or Storing Valuables for Others Yes No
- (e) Leasing Yes No
- (f) Storing Customer Credit Card Information Yes No

If any answer is yes to the above description of operations, please attach an explanation of the function performed.

Please mark any of the following characteristics or exposures that apply to your company's operation:

- Precious metals or gemstones
- Warehouse operations
- Care, custody and control of client's property
- Employee credit cards
- Cash exposure greater than the deductible
- Active participation in more than one industry
- Narcotics
- Proprietary credit card operation
- Joint Ventures
- High unit value, portable inventory
- Private collections of art or collectibles

2. COVERAGE REQUESTED:

Desired Coverage: (please check the coverage requested)	Limits Requested:	Deductible Requested:
<input type="checkbox"/> Employee Theft	\$	\$
<input type="checkbox"/> Forgery or Alteration	\$	\$
<input type="checkbox"/> Theft – Inside Premises	\$	\$
<input type="checkbox"/> Theft – Outside Premises	\$	\$
<input type="checkbox"/> Money Orders & Counterfeit Currency	\$	\$
<input type="checkbox"/> Computer Fraud and Funds Transfer Fraud	\$	\$
<input type="checkbox"/> Client Coverage	\$	\$
<input type="checkbox"/> Credit Card Coverage	\$	\$

3. POLICY PERIOD REQUESTED:

From:

To:

Both dates at 12:01am Local Time at the principal Address of the **Insured**.

4. LOCATIONS AND EMPLOYEES:

	Number of Locations	Sales or Revenues	Class 1 Employees	All Other Employees
U.S.				
Canadian				
Total				

FOREIGN OPERATIONS:

If the Insured has operations outside of the U.S. or Canada, please list below:

Foreign Country	Number of Employees	Number of Locations	Type of Operations	Amount of Annual Revenue from Country
TOTAL				

Class 1 Employees: For the purposes of premium computation. Class 1 Employees include management positions and other employees who have access to money, securities and/or other property (such as cashiers, bookkeepers, shipping clerks, etc.)

5. AUDITS CONTROLS:

External Audits:

- (a) Does an independent CPA audit your books at least annually? Yes No
 - a) If Yes, by whom?
 - b) If No, please attach an explanation.

- (b) Does the audit include a review of EDP Department? Yes No
 If No, please attach an explanation.

- (c) Are the audits complete and unqualified? Yes No
 If No, please attach an explanation.

- (d) Are all locations and entities audited? Yes No
If No, please attach description of the extent of your audit.
- (e) Have you changed CPAs in the past three (2) years? Yes No
If Yes, please attach an explanation.
- (f) Does the CPA provide a Management Letter? Yes No
If Yes, please include the most recent copy and applicant's response to the letter.

Internal Audits:

- (a) Is there an Internal Audit Department responsible for the oversight and review of internal audit programs for all business operations – including the EDP Department? Yes No
If No, please attach an explanation of how this function is fulfilled.
- (b) Does the Internal Audit Department report directly to the Board of Directors? Yes No
- (c) Does the internal audit include a review of EDP Department? Yes No
If No, please attach an explanation of how this function is fulfilled.

6. INVENTORY CONTROL:

- (a) Is a complete inventory made with physical check of stock and equipment? Yes No
If Yes, by whom?
How often?
- (b) Does such inventory include all locations? Yes No

7. ACCOUNTS PAYABLE CONTROLS:

- (a) Do all requisitions and purchase orders require the prior approval of authorized personnel? Yes No
If No, please attach an explanation
- (b) Do purchase orders require next level of approval? Yes No
If No, please attach an explanation
- (c) Do expense reimbursements require original receipts for expenses before reimbursement? Yes No
If No, please attach an explanation
- (d) Do expenses reimbursements require management approval at the next level? Yes No

If No, please attach an explanation.

- (e) Are all disbursements system generated? Yes No
 If No please attach an explanation of controls surrounding manual check issuance

8. BANK ACCOUNT CONTROL:

- (a) Do the employees who reconcile the monthly bank statements also either:
 Sign check Yes No
 Handle deposits Yes No
- (b) Have access to check signing machines or signature plates? Yes No
- (c) If any answer above is Yes, will you correct the weakness? Yes No
- (d) Is countersignature of checks required? Yes No
 If Yes, over what limit?

9. COMPUTER CONTROL:

- (a) Are pre-authorized controls maintained for all programmers and operators? Yes No
- (b) Are the duties of programmers and operators separated? Yes No
- (c) Is the output reconciled by persons who do not prepare or process output? Yes No
- (d) Do audit practices include "tests" to detect unauthorized programming changes? Yes No
- (e) Are computerized check writing operations segregated from departments that authorize checks? Yes No

10. VENDOR CONTROLS:

- (a) Does the Insured have procedures in place to verify the existence and ownership of all new vendors prior to adding them to the authorized master vendor list? Yes No
- (b) Does the Insured allow the same person who verifies the existence of vendors to also edit the authorized master vendor list? Yes No
- (c) Is the master vendor list verified annually by the Insured's internal or external audit department to check for fraudulent vendors? Yes No
- (d) Are supplier's invoices matched with related purchase orders, receiving reports, and authorized vendor lists for review prior to each cash

disbursement? Yes No
 If No, please attach a description of procedures followed.

(e) Are purchases received at the home office or picked up at the vendor, reconciled to corresponding purchase requisitions by an employee independent of the purchasing? Yes No
 If No, please attach an explanation

11. FUNDS TRANSFER CONTROLS:

(a) What is the total annual value of all funds transfers? \$

(b) What is the average value of a transfer? \$

(c) Are there specific arrangements with banks, as to the individuals in your Company authorized to:

1) Transfer funds? Yes No

2) Request changes to procedures? Yes No

3) Obtain records? Yes No

(d) Are all banks required to authenticate the identity of the caller before acting upon the instructions? Yes No

(e) Are all banks required to confirm funds transfer transactions in writing within 24 hours? Yes No

(f) Are there independent checks of funds transfer records by staff not authorized to handle/instruct such transfers? Yes No

12. CLIENT SERVICES:

(a) Please fully describe any services that the Insured provides for clients (including but not limited to accounting, payroll or purchasing functions):

(b) Are Employees located at the Client(s) locations? Yes No

(b) Does the Insured's Employee(s) have access to Client(s) money, securities and other property? Yes No
 If Yes, what is the value of the money, securities and other property? \$

(c) Are there any security controls in place to limit the Insured's Employee(s) ability to have unsupervised access to Client's money, securities and other property? Yes No

13. SECURITIES:

(a) State the value of negotiable owned or held securities. (if none, please write none): \$

(b) Where are the securities kept?

(c) If safe deposit boxes are used, has the bank been instructed to require 2 individuals be present before entry to any box is permitted? Yes No

If No, identify by name and position those having access.

14. PRECIOUS METALS OR HIGH VALUE PROCESSING MATERIALS:

Is there an exposure of precious metals or stones (such as gold, silver, copper, platinum, industrial diamonds, computer chips or similar high-valued materials?

Yes No

If Yes, please attach a separate listing of exposures, identify each location, describe security controls and state a maximum value at each location.

15. EMPLOYEE BENEFIT PLANS:

Attach a separate sheet listing the names of each employee benefit plans required to be bonded by Title 1 of the Employee Retirement Income Security Act for which coverage is requested.

If No plans are to be covered, please check this box:

16. MONEY, SECURITIES AND PAYROLL EXPOSURES:

What is the maximum amount at any one location:

Money:	\$	
Checks:	\$	
Negotiable Securities:	\$	

What is the maximum amount transported from any one location by a method other than an armored motor vehicle?

Money:	\$	
Checks:	\$	
Negotiable Securities:	\$	

(a) At locations where there is money and securities does the Insured utilize a Fire protected Safe? Yes No

(b) Do the safes have central station alarm systems? Yes No

(c) Do you utilize any night watchman or security services? Yes No

17. PREVIOUS CRIME INSURANCE:

Please provide the following information for ANY loss(es) discovered during the past five (5) years which involve or potentially involve, a peril of the type covered by the policy. If none, please indicate that fact.

Cause of Loss	Date Discovered	Gross Amount of Loss (Actual or Estimated)	Amount Received from Insurance Less Salvage	Deductible at Time of Loss	Location, if other than Main Office

NOTICES

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO COMPLETE THE INSURANCE. IT IS REPRESENTED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION AND THE MATERIALS SUBMITTED HERewith ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY.

THIS APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. PROVIDED, HOWEVER, THIS PARAGRAPH DOES NOT APPLY IN THE STATES OF UTAH AND WISCONSIN.

NOTE TO UTAH AND WISCONSIN RESIDENTS: ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE MADE A PART HEREOF PROVIDED THIS APPLICATION AND SUCH MATERIALS ARE ATTACHED TO THE POLICY AT THE TIME OF ITS DELIVERY. NOTHING CONTAINED HEREIN SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

IT IS AGREED IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS CONTAINED IN THIS APPLICATION PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING AND ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE INSURER'S DISCRETION.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS APPLICANTS: "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."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

NOTICE TO LOUISIANA APPLICANTS: "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."

NOTICE TO MAINE AND WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "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 CIVIL FINES AND CRIMINAL PENALTIES. THE INSURER SHALL NOT OFFER AN **OPTIONAL EXTENSION PERIOD** FOR THIS POLICY IN NEW MEXICO. "

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO OKLAHOMA APPLICANTS: "ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

NOTICE TO OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD 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 MAY BE GUILTY OF INSURANCE FRAUD WHICH MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISONS."

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD 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."

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS STATEMENT IS INCORPORATED IN AND BECOMES A PART OF SUCH POLICY. PROVIDED, HOWEVER, IN THE STATES OF UTAH AND WISCONSIN, ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE MADE A PART HEREOF PROVIDED THIS APPLICATION AND SUCH MATERIALS ARE ATTACHED TO THE POLICY AT THE TIME OF ITS DELIVERY.

The undersigned authorized representative of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this Policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment of settlement to the extent that such exceeds the limit of liability of this Policy.

The undersigned authorized representative of the Applicant hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the deductible amount.

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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. "

Signed: _____

Date: _____

Print Name: _____

Title: _____

(Owner, Partner, Authorized Officer)

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number as designated. If this **Application** is completed in Iowa, please provide the Insurance Agent's name only.

Name of Insurance Agent

License Identification No.

Authorized Representative

If this **Application** is completed in Wisconsin, please note the following:

- *If this Policy is cancelled by the Named Insured, the Insurer shall retain the customary short rate portion of the premium hereon. If this Policy is cancelled by the Insurer, the Insurer shall retain the pro rata portion of the premium hereon. Payment or tender of any unearned premium by the Insurer shall not be a condition precedent to the effectiveness of cancellation.*
- *If during the **Policy Period** the Named Insured consolidates or merges with another entity such that the Named Insured is not the surviving entity, is acquired by another entity, or sells substantially all of its assets to any other entity, then coverage under this Policy shall not apply to acts, errors or omissions or **Pollution Conditions** committed or arising subsequent to such consolidation, merger or acquisition and the Insurer shall retain the total premium for this Policy, such total premium to be deemed earned at the date of such consolidation, merger or acquisition. The Named Insured shall provide written notice of such consolidation, merger or acquisition to the Insurer as soon as practicable, together with such information as the Insurer may require.*