

\_\_\_\_\_  
 Name of Insurance Company to which Application is made (herein called the "Insurer")

**Commercial Crime Policy and  
 Governmental Crime Policy  
 Crime Insurance Application**

**Section A.  
 GENERAL INFORMATION:**

1. Named Applicant: \_\_\_\_\_  
 Principal Address: \_\_\_\_\_
2. Type of Organization: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ Not-For-Profit \_\_\_\_\_ Governmental
3. Date Business Established: \_\_\_\_\_ Annual Revenues: \_\_\_\_\_
4. Website address: \_\_\_\_\_

List (or attach a list of) ALL ENTITIES to be included as joint insureds (including Pension and Welfare plans) to be covered:  
 \_\_\_\_\_

If all entities listed above (or attached to this application) are owned, controlled, or operated by the first named insured, check here  If not, please provide details for each listed entity.

This application and any attachments include information for all joint insureds to be covered: check here

**Section B.  
 INSURANCE INFORMATION**

Present Coverage	Carrier:		Requested Coverage (if different)	
Insuring Agreement	Limit	Deductible	Limit	Deductible
Employee Theft	\$	\$	\$	\$
Forgery or Alteration	\$	\$	\$	\$
Inside Theft of Money & Securities	\$	\$	\$	\$
Inside Robbery of Other Property	\$	\$	\$	\$
Outside the Premises	\$	\$	\$	\$
Computer Fraud	\$	\$	\$	\$
Funds Transfer Fraud	\$	\$	\$	\$
Money Orders & Counterfeit	\$	\$	\$	\$
Other:	\$	\$	\$	\$

Expiring Annual Premium: \$ \_\_\_\_\_

Expiration Date of Current Coverage \_\_\_\_\_

Loss History (last six years, insured or uninsured): Check here if none

Date of Loss	Description	Paid Amount (exclusive of Loss Adjustment Expense)	Outstanding Amount (exclusive of Loss Adjustment Expense)	Open / Closed	Paid Date
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

For each loss listed above, please provide a description of the corrective measures taken:



**Section C.  
EXPOSURE INFORMATION**

Total number of employees: U.S.: \_\_\_\_\_ Canadian: \_\_\_\_\_ Foreign: \_\_\_\_\_

Total number of volunteers: U.S.: \_\_\_\_\_ Canadian: \_\_\_\_\_ Foreign: \_\_\_\_\_

Complete the schedule below to include all individuals who handle, have access to or maintain records of money, securities or other property

	# U.S. & Canada	# Foreign		#. U.S. & Canada	# Foreign		#. U.S. & Canada	# Foreign
Chairman of the Board			Assistant Sales Managers			Payroll Clerks		
President			Branch Sales Manager			Outside Messenger		
Vice President			Purchasing Agents			General Superintendent		
Treasurer			Buyers & Asst. Buyers			Asst. or Factory Superintendent		
Asst. Treasurer			Assistant Purchasing Agent			Timekeepers		
Secretary			Collectors			Paymasters		
Asst. Secretary			Salesmen Outside & Collecting			Receiving Clerks		
Comptroller			Salesmen Outside & Not Collecting			Shipping Clerks		
Assistant Comptroller			Accountants & Auditors			Traffic Managers		
Advertising Managers			Bookkeeper			Watchmen		
Office Manager			Cashiers			Gatemen & Guards		
Department Managers			Credit Managers			Drivers (Collections)		
Branch Managers			Cash Handling Clerk			Drivers (No Collections)		
Assistant Branch Managers			Sales Managers			Volunteers – fund soliciting		
Directors and non-compensated officers			Directors, Trustees Administrators handling employee benefit plan funds			Others who handle, have access to or maintain records of money, securities or other property		
<b>TOTAL</b>			<b>TOTAL</b>			<b>TOTAL</b>		

Office Clerks, Secretaries, Stenographers, Typists, Telephone Operators, Inside Salesmen, Inside Messengers, Business Machine Operators, Porters & other Like Personnel.

	<b>U.S.A. &amp; CANADA</b>	<b>FOREIGN</b>	<b>GRAND TOTAL</b>
<b>TOTAL</b>			

If there are foreign employees, please complete the Foreign Practices Questionnaire.

Total number of locations: U.S. \_\_\_\_\_ Canadian \_\_\_\_\_ Foreign \_\_\_\_\_

(attach a schedule of locations, or complete the information below)

State

: \_\_\_\_\_ County: \_\_\_\_\_ Number of Locations: \_\_\_\_\_

State

: \_\_\_\_\_ County: \_\_\_\_\_ Number of Locations: \_\_\_\_\_

State

: \_\_\_\_\_ County: \_\_\_\_\_ Number of Locations: \_\_\_\_\_



: \_\_\_\_\_  
 : \_\_\_\_\_  
 State \_\_\_\_\_  
 : \_\_\_\_\_ County: \_\_\_\_\_ Number of Locations: \_\_\_\_\_  
 State \_\_\_\_\_  
 : \_\_\_\_\_ County: \_\_\_\_\_ Number of Locations: \_\_\_\_\_  
 Total number of retail locations: \_\_\_\_\_

**Section D.  
FINANCIAL INFORMATION**

<b>Current Year</b>	<b>Prior Year</b>
Total Assets _____	Total Assets _____
Total Equity / Net Assets _____	Total Equity / Net Assets _____
Total Revenues _____	Total Revenues _____
Operating Income _____	Operating Income _____
Net Income / Change in Net Assets _____	Net Income / Change in Net Assets _____

**Section E.  
UNDERWRITING INFORMATION**

1. Describe your predominant business activity: \_\_\_\_\_
2. Do you have cash exposure that exceeds the lowest deductible amount on your current Crime/Fidelity policy? (if yes, please complete the High Cash Questionnaire) Yes  No
3. Do you have precious metals, precious or semi-precious stones, pearls, furs, or articles containing such materials exposure that exceeds the lowest deductible amount on your current Crime/Fidelity policy? (if yes, please complete the Precious Metals Questionnaire) Yes  No
4. Do you have access to your client's funds/property (including money, securities, inventory, high value property, banking systems, wire transfer systems, computer systems & sensitive data, etc.)? Yes  No 
  - a. What type of property and \$ amount of value: \_\_\_\_\_
  - b. Number of employees who will be performing work for your client(s): \_\_\_\_\_
  - c. Total number of clients: \_\_\_\_\_
5. Are corporate credit, debit, charge or purchasing cards used? Yes  No 
  - a. Number of Cards: \_\_\_\_\_
  - b. Maximum limit allowed under card: \_\_\_\_\_
  - c. Controls in place for preventing and identifying unauthorized transactions: \_\_\_\_\_
6. If "Guests' Property" coverage is elected, please provide the total number of guest rooms: \_\_\_\_\_

**DISBURSEMENT PROCEDURES**

7. Are all checks countersigned? Yes  No 
  - a. Over what amount is dual signature required? \_\_\_\_\_
  - b. If there is no countersignature, who signs checks? \_\_\_\_\_
  - c. Are checks signed only by the owner(s) of the company? Yes  No
8. Is an approved voucher or Positive Pay system used? Yes  No
9. Are check signers instructed to require that all checks be accompanied by properly approved vouchers and/or invoices? Yes  No



10. Are systems designed so that no employee can control a process from beginning to end (i.e. request a check, approve a voucher and sign a check)? Yes  No
11. Are bank accounts reconciled on a monthly basis? Yes  No   
a. If not, how often \_\_\_\_\_
12. Are those who reconcile bank statements prohibited from:  
a. Handling deposits in the accounts they reconcile? Yes  No   
b. Signing checks? Yes  No
13. Does a second person review the reconciliation on a monthly basis and initial their approval of the information? Yes  No

#### AUDIT PROCEDURES

14. How often and by who are audits of cash and accounts performed? \_\_\_\_\_
15. How often and by who are inventory counts conducted? \_\_\_\_\_
16. Is there a CPA letter to management relating to internal control weaknesses? (if so, please provide a copy) Yes  No
17. If no CPA letter to management was issued, did the CPA make recommendations for improvement in internal control informally? (if so, provide details \_\_\_\_\_) Yes  No
18. Is there an internal audit department? Yes  No
19. Are all locations audited by the internal audit staff? Yes  No   
a. How often? \_\_\_\_\_  
a. If no, please explain: \_\_\_\_\_
20. Are background checks performed on all new hires? Check all that apply: Yes  No   
 Criminal  Prior Employment  Credit History  References  Drug Testing
21. Are mid-employment screening performed when employees are promoted to sensitive positions? Yes  No
22. Are employees' building access cards denied immediately upon termination and are all procurement, credit cards, etc. cancelled? Yes  No
23. Are newly hired employees provided with a copy of your organization's fraud policy identifying and explaining conflicts of interest and other prohibited behavior? Yes  No
24. Are employees required to complete conflict of interest disclosure forms annually? Yes  No
25. Is there a system in place that allows employees to disclose suspicious or questionable activity confidentially? Yes  No   
a. If so, describe the procedure for investigating these reports \_\_\_\_\_

#### VENDOR INFORMATION

26. Are background checks performed on vendors in order to determine ownership and financial capability prior to doing business with them? Yes  No
27. Is an authorized vendor list utilized and updated annually for all annual purchases, with competitive bidding required over stated amounts? Yes  No

28. Are vendors provided with a statement of your conflict of interest and gift policy (prohibiting gifts of any significant value)?

Yes  No



FUNDS TRANSFER AND COMPUTER SYSTEMS

- 29. What is the daily average number and dollar volume of wire transfers?
30. What is the maximum dollar volume that may be transferred per day?
31. Is approval by more than one person required to initiate a wire transfer?
32. Does your financial institution call an employee other than one who requested the transfer before acting on the request?
33. Do you receive hard copy confirmations on all wire transfers and are they sent directly to a department not authorized to initiate transfers?
34. Are computer system access codes and passwords changed at least every 60 days?
35. Do any non-employees have access to the computer systems?
a. If so, please explain

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 AUTHORITIES

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 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 MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY 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 MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**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 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 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.

**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:** WARNING: 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 (365:15-1-10, 36 §3613.1).

**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, VIRGINIA 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

The undersigned authorized officer/manager of the applicant declares that the statements set forth herein are true. The undersigned authorized officer/manager agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance

Signing of this application does not bind the applicant or the insurer to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued.



All written statements and materials furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Signed \_\_\_\_\_  
(Applicant)

Date \_\_\_\_\_

Title \_\_\_\_\_  
(must be signed by Authorized Representative)

Attest \_\_\_\_\_

Broker \_\_\_\_\_

License Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_