



CRIME COVERAGE SECTION

(APPLICANTS: Please complete this Section only if requesting this coverage.)

A. GENERAL INFORMATION

1. Name of Applicant:

B. OPTIONAL COVERAGES REQUESTED

1. Please choose which insuring clauses, Limits of Liability and deductible amounts, the Applicant desires:

		Insuring Clauses	Limit of Liability	Deductible Amount		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Employee Theft: Insuring Clause A	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Premises: Insuring Clause B	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	In Transit: Insuring Clause C	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Forgery: Insuring Clause D	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Computer Fraud: Insuring Clause E	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Funds Transfer Fraud: Insuring Clause F	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Money Order and Counterfeit Currency Fraud: Insuring Clause G	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Credit Card Fraud: Insuring Clause H	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Client Coverage: Insuring Clause I	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Expense Coverage sublimit: Insuring Clause J	\$ _____	

2. Please select the coverage approach(es) for which the Applicant desires a proposal(s):

- (a) Loss Sustained Yes No
- (b) Loss Discovered Yes No



C. RISK PROFILE

1. Please complete the following information regarding the **Applicant's** risk profile:

Country Name	Number of locations	Number of employees	Revenues
U.S. & Canada			
TOTAL:			

2. Does the **Applicant** participate in any joint ventures? Yes No
If "Yes", please include the following information.

Receipt of this information by the Company does not constitute an agreement that coverage will be afforded to the joint venture(s) identified.

Name of joint venture(s): _____

Country of domicile: _____ Date established: _____

Percent of ownership by **Applicant**: _____ %

Nature of business: _____

Role of the **Applicant** in the joint venture, including status as the General Partner or Managing Partner:

D. AUDIT PROCEDURES AND INTERNAL CONTROLS

1. Does an Independent CPA provide a Management Letter to the **Applicant**? Yes No
If "Yes," please attach the most recent copy and management's response to the letter.

2. Do the **Applicant's** external audits include all of its locations? Yes No
If "No", please explain. _____

Does the **Applicant**:

3. Perform pre-employment reference checks for all its potential employees? Yes No
Please explain:



4. Allow the employees who reconcile the monthly bank statements to also either:
 - (a) sign checks? Yes No
 - (b) handle deposits? Yes No
 - (c) have access to check signing machines or signature plates? Yes No
5. Strictly comply with dual recorded authorization for all outgoing wire transfers? Yes No

E. VENDOR MANAGEMENT CONTROLS

Does the **Applicant**:

1. Maintain a master list of authorized vendors? Yes No
2. Have a procedure in place to verify the existence and ownership of new vendors prior to adding them to the authorized master vendor list? Yes No
3. Allow the same individual who verifies the existence of vendors to also have the authority to edit the authorized master vendor list? Yes No
4. Verify invoices against a corresponding purchase order, receiving report and the authorized master vendor list prior to issuing payment? Yes No

F. INVENTORY INFORMATION

1. Does the **Applicant** conduct perpetual inventory of stock, including raw materials/manufactured or purchased finished goods/scrap maintained? Yes No
2. How often does the **Applicant** perform a physical inventory count and reconcile this count against the perpetual record? Who performs these reconciliations?

3. Does the **Applicant** use precious metal or stone in the manufacturing or processing of goods (such as gold, silver, platinum, diamonds or similar high-value materials)? Yes No
If "Yes", please explain: _____

G. MONEY AND SECURITY CONTROLS

1. State the value of negotiable securities owned or held by the **Applicant**. (If none, so state): _____

2. Where does the **Applicant** keep its securities? _____
3. If the **Applicant** uses safe deposit boxes, has the bank been instructed to require that two individuals be present before entry to any box is permitted? Yes No
4. What is the maximum amount held at or transported from any one location:
a) Money \$ _____ b) Checks \$ _____ c) Negotiable securities \$ _____



H. COMPUTER CONTROLS

Does the **Applicant**:

- 1. Maintain pre-authorization controls for all programmers and operators? Yes No
- 2. Separate the duties of programmers and operators? Yes No
- 3. Reconcile the output by persons who do not prepare or process the input? Yes No
- 4. Include in its audit practices "tests" to detect unauthorized programming changes? Yes No
- 5. Utilize encryption when sensitive data is transmitted across outside lines? Yes No

I. CLIENT SERVICES

(APPLICANTS: Please complete this section only if requesting this coverage.)

- 1. Please describe the services the **Applicant** provides for clients:

- 2. Do any of the **Applicant's** clients require the **Applicant** to carry crime insurance or to be bonded? Yes No
If "Yes", please explain and specify amount: _____
- 3. Does the **Applicant** have custody or control over any of the funds, accounts or materials in process of any of its clients? Yes No
- 4. Do the **Applicant's** employees have access to any client(s) accounting, payroll or purchasing systems? Yes No
- 5. What percentage of the **Applicant's** employees perform services at the premises of one or more clients? _____%

K. LOSS EXPERIENCE

- 1. List all employee theft, burglary, robbery, forgery or other crime losses discovered by the **Applicant** in the last 3 years which would have been covered under the policy for which this **Application** is made, itemizing each loss separately:
Check if none:

Date of loss	Description of loss	Total amount of loss	Please indicate whether or not the loss was covered under another insurance policy and include the carrier's name