



License #0805281

Crime Insurance Application New Business Application

General Information

1. Name of Applicant:
2. Address of Applicant:
 Please attach a list of all subsidiaries including operations, percent of ownership and the date acquired or created. **(Note: This application is for a policy which includes coverage for all subsidiaries under the Applicant's control. The application and any attachments must include information for the first named insured and all subsidiaries and other entities to be included by endorsement.)**
3. Type of Organization:
 Public Private Non-Profit Governmental
4. Website Address:
5. Annual Revenues: \$ Date Established:
6. Description of Operations

Current or Requested Coverage

Insuring Agreement	Limit	Deductible <small>(for excess coverage, deductible is primary coverage + primary deductible)</small>
Employee Theft	\$	\$
Forgery or Alteration	\$	\$
Inside the Premises	\$	\$
Outside the Premises	\$	\$
Computer Fraud	\$	\$
Funds Transfer Fraud	\$	\$
Money Orders & Counterfeit	\$	\$
Other: <input style="width: 80%;" type="text"/>	\$	\$
Current Carrier <input style="width: 50%;" type="text"/>	Expiring Premium: <input style="width: 40%;" type="text"/>	\$

Loss History

List all losses sustained, whether or not claimed, and if claimed, whether or not reimbursed during the past six years from the completion date of this application for any similar insurance requested in this application. Check if none

Date of Loss	Type of Loss (Employee Theft, Forgery, etc.)	Amount of Loss
		\$
		\$
		\$

Please attach full details of all losses including descriptions, corrective action taken, estimated ultimate total amount and amount covered by insurance.

Exposure Information

1. Domestic Employees:
 Foreign Employees:
 Grand Total:
2. Estimate the percentage of the Grand Total who have access to cash, checks and %

approval:

3. Total Number of Locations: Retail Locations:

4. For each foreign location, please detail the following information (attach separate sheet if necessary): None

Country	Type of Operation	# of Employees	Revenues
			\$
			\$
			\$

5. Maximum cash exposure inside the premises: \$ Outside: \$

6. Do you have precious metals, precious or semi-precious stones, pearls, furs or articles containing such materials? Yes No

If yes, please provide details.

7. Do you have access to your client's funds/property? Yes No

If Yes, what type of property and dollar amount of value?

How many employees will be performing work for your client(s)?

Total number of clients:

8. Have you or any subsidiary engaged in any mergers or acquisitions in the last three (3) years? Yes No

Are there any plans for mergers or acquisitions in the next twelve (12) months? Yes No

9. If you provide lodging, how many guest rooms?

Audit Controls

1. Are your financial statements audited annually by an independent CPA? Yes No

2. Are all subsidiaries and locations, or similarly controlled and operated companies included in the audit? Yes No

3. Is there a CPA Management Letter / Response commenting on internal control weaknesses, recommendations for improvement, and a response by management? (if Yes, please attach the most recent report) Yes No

4. Do you have an Internal Audit Department? If Yes, staff size? Yes No

If No, do you have someone with internal audit responsibilities? Yes No

5. Are surprise audits conducted? Yes No

6. Do you have a documented system of internal control policies / procedures? Yes No

Internal Controls

1. Are background checks performed for all new hires? Yes No

2. Are bank accounts reconciled monthly? Yes No

3. Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No

4. Are at least two signatures required on checks? Yes No

Above what amount?

5. Do vouchers or other supporting records accompany all checks to be signed? Yes No

6. Do you utilize a Positive Pay system? Yes No

7. Are internal controls designed so that no employee can control a process from beginning to end? (e.g. request a check, approve a voucher and sign the check) Yes No

8. Are all controls consistent among all locations (including foreign locations)? Yes No

9. Are employees in sensitive positions required to take annual vacations of at least 5 consecutive business days OR do you practice regular job rotation? Yes No

10. Is fraud training provided to executives? managers? employees?

11. Do you have a fraud hotline that is publicized to employees, vendors and customers? Yes No
 Are all tips appropriately investigated and action taken? Yes No

Vendor Controls

1. Estimated number of active vendors utilized:
2. Do you use vendors for handling financial transactions such as payroll and accounting (other than your outside auditor)? Yes No
3. Is an authorized vendor list utilized and updated annually for all purchases, with competitive bidding required? Yes No
4. Are background checks performed on vendors in order to determine ownership and financial capability? Yes No
5. Is the responsibility for authorizing vendors, approving invoices and processing payments segregated among different employees? Yes No
6. Are the duties of purchasing, receiving, storekeeping and shipping separate so that no one individual can control these functions from beginning to end? Yes No

Computer Controls

1. Are passwords required for access to sensitive information? Yes No
 How often are passwords required to be changed?
2. When employees change positions and no longer require access to certain information, is access status changed? Yes No
3. Are daily backups made and stored securely off premises? Yes No
4. How long are backups kept?
5. Do you use online banking? Yes No
 Describe controls.
6. Are employees warned of Phishing scams and blocked from harmful websites? Yes No
7. Are all desktop computers protected by anti-virus software? Yes No
8. Does your bank require authentication of the identity of the caller before acting upon any transfer instructions? Yes No
9. Are verifications sent directly to a department not authorized to initiate transfers? Yes No
10. Are there independent checks of funds transfer records by employees not authorized to handle such transfers? Yes No

Financial Information

	Current Year	Prior Year
Total Assets:	\$	\$
Total Equity / Net Assets / Fund Balance:	\$	\$
Total Revenues:	\$	\$
Net Income / Change in Net Assets:	\$	\$

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, the Applicant must notify the Insurer in writing and any outstanding quote for insurance coverage may be modified or withdrawn.

The Applicant's submission of this Application does not obligate the Insurer to issue, or the Applicant to purchase a policy. The Applicant authorizes the Insurer to make any inquiry in connection with this Application.

All written statements and materials furnished to the Insurer in conjunction with this Application are hereby incorporated into this Application and made a part hereof.

The undersigned authorized agents of the Applicant declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application are true and complete. The undersigned agree that this Application shall be the basis of the insurance policy should an insurance policy providing the requested coverage be issued and that the Insurer will have relied on the Application in issuing any policy.

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 INSURANCE 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 INSURANCE 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 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 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 OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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 INSURANCE 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.

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.

Signature

Applicant

Date

Title

Signature of Producer

Date

Address of Producer

Producer's License Number

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Pension/Profit Sharing Trust (Erisa) Bond Application

APPLICANT INFORMATION	Applicant (Provide Exact Name of Plan)						
Business Address			City		State	Zip	Year Business was Established
Describe the Products or Services of Your Business or Activity				Previous Surety Company		Reason for changing Bonding Company	
BOND INFORMATION	Amount of Bond		Effective Date		Premium Payments <input type="checkbox"/> Three Years in Advance <input type="checkbox"/> Annually		
UNDERWRITING INFORMATION	Total Assets in the Plan (Bond amount should equal 10% of plan assets)						
Does the fiduciary invest any of the trust funds in the employer's business? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are regular outside audits conducted on the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does plan employ an independent administrator or financial advisor? <input type="checkbox"/> Yes <input type="checkbox"/> No				What percentage of plan's assets are invested in non-qualified investments?			
AGENT/BROKER INFORMATION	Agent/Broker Name		Code	Phone No.	Fax No.	City	State Zip
AGENT'S RECOMMENDATION				COMMENTS			
<input type="checkbox"/> We are not very familiar with this applicant. <input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her. <input type="checkbox"/> We know applicant very well and offer our highest recommendation.				<hr/> <hr/> <hr/>			

Pension Trust – ERISA Blanket Bond Rates

Amount of Bond	1 Year	3 Year Prepaid	3 Year with Inflation Guard
\$10,000	\$100	\$125	\$138
\$15,000	\$100	\$125	\$138
\$20,000	\$100	\$125	\$138
\$25,000	\$100	\$131	\$144
\$30,000	\$100	\$140	\$154
\$35,000	\$100	\$150	\$165
\$50,000	\$100	\$179	\$197
\$75,000	\$100	\$223	\$245
\$100,000	\$100	\$250	\$275
\$125,000	\$100	\$264	\$290
\$150,000	\$100	\$277	\$305
\$200,000	\$101	\$302	\$332
\$225,000	\$105	\$314	\$345
\$250,000	\$109	\$326	\$359
\$300,000	\$117	\$351	\$386
\$375,000	\$129	\$387	\$426
\$400,000	\$133	\$400	\$440
\$500,000	\$150	\$449	N/A