



**BUSINESS SERVICES
COMMERCIAL CRIME POLICY**

PRODUCER NAME & CODE

EFFECTIVE DATE OF COVERAGE

RENEWAL NEW BUSINESS

APPLICATION

Insured <input type="checkbox"/> If renewal, check if same as expiring.	Exact Name of Applicant	SIC Code	Bond No.
	Street Address		
	City	State	Zip Code

Coverage	LIMIT OF LIABILITY
<input type="checkbox"/> If renewal, check if same as expiring.	Coverage A - Employee Dishonesty \$
	Coverage B - Forgery or Alteration \$
	Coverage C - Money and Securities (in and out) \$
	Coverage F - Computer Fraud \$
	Proposed Deductible \$
If new business: Prior Insurer: Limit: \$ Deductible: \$ Premium: \$	

Internal Controls

Are your employees under your direct control and supervision while on the client's premises? Yes No

What supervision does your customer have over your employees?

Annual Sales: \$

Does the applicant have an audited financial statement prepared annually? Yes No

Are internal financial statements prepared? Yes No How often are they reviewed by owner? _____

Is the owner actively involved in the company's operation Yes No

Is countersignature of checks required? Yes No If not, who signs checks?

Are depositing and bank reconciliation duties performed by separate individuals? Yes No

Are incoming payment checks stamped for deposit? Yes No

Are bank statements reviewed monthly by the owners? Yes No

Do you perform any of the following checks in your hiring practices?

Reference checks: Yes No Credit Checks: Yes No

Criminal Background Check: Yes No Drug Tests: Yes No

Rating Data for coverage Forms A-Blanket and B:

CLASSIFICATION OF EMPLOYEES

Total Employees: _____ Number of Officers: _____

Number of employees who handle, have custody or maintain records of money, securities or other property: _____

On average, how many employees work on the premises of your client(s)? _____

**Please provide a general description of the type of services provided by your firm.
Include an employee count next to each type of service provided.**

Type of Service	No. of Emp.	Type of Service	No. of Emp.

Loss Experience List all crime losses incurred in the last 3 years. <input type="checkbox"/> Check if none	Date	Amount of Loss \$	Description of Loss and Corrective Action
	Date	Amount of Loss \$	Description of Loss and Corrective Action
	ATTACH ADDITIONAL SHEET IF NECESSARY.		

**COVERAGE FORM C (INSIDE)
Applicant's Property**

For each location indicate maximum exposure.

Location	Cash	Securities and Retail Checks	Non-Retail Checks	Payroll Checks	Is there a safe? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

(Use separate attachment if there are more than three locations.)

- Yes No Are checks kept separate from cash?
 Yes No Are records maintained so that duplicate checks can be obtained for replacement?

**COVERAGE FORM C (OUTSIDE)
Applicant's Property**

For each location indicate maximum exposure.

Location	Cash	Securities and Retail Checks	Non-Retail Checks	Payroll Checks	No. of Messengers

(Use separate attachment if there are more than three locations.)

Attention: Insureds in FL and KY

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.

SIGNATURE AND TITLE OF INSURED

DATE SIGNED