



# COMMERCIAL CRIME POLICY APPLICATION

Present Policy Number

1. Name of Insured: \_\_\_\_\_  
Address (Not P.O. Box): \_\_\_\_\_  
County: \_\_\_\_\_

2. Nature of Insured's Business: \_\_\_\_\_

3. Effective Date of Coverage: \_\_\_\_\_  
Premium Payable:  3 Years Prepaid  3 Years Installments  1 Year Only

4. Insuring Agreement(s) Requested: <i>(Please choose the applicable Insuring Agreement(s); limit(s) and deductible(s))</i>	Limit Of Insurance	Deductible
1. Employee Theft – Blanket		
1. Employee Theft – Schedule <i>(Please attach a list of the name(s) or position(s) and limits of the person(s) to be covered under the schedule policy.)</i>		
2. Forgery or Alteration		
3. Inside The Premises – Theft of Money and Securities		
4. Inside The Premises – Robbery Or Safe Burglary of Other Property		
5. Outside The Premises		
6. Computer Fraud		
7. Funds Transfer Fraud		
8. Money Orders and Counterfeit Paper Currency		

5. Prior Coverage Information: *(Indicate Prior Policy to be superseded)*  Check if none.  
Effective Dates: \_\_\_\_\_ Limit of Insurance: \_\_\_\_\_ Type of Coverage: \_\_\_\_\_ Name of Carrier: \_\_\_\_\_

Has any similar insurance been declined or canceled during the past three years?  Yes  No  
*(Not Applicable in Missouri)*

6. Prior Loss Information for the Past 3 Years: *(include whether reimbursed or not)*  Check if none.  
Date: \_\_\_\_\_ Amount of Loss: \_\_\_\_\_ Insurance Recovery: \_\_\_\_\_ Location: \_\_\_\_\_ Description of Loss and Corrective Action: \_\_\_\_\_



8. If an excess limit of Employee Theft insurance is desired on specified employees, indicate the desired limit and the number of names of the employees to be scheduled for such excess limit.

<u>Employee Name</u>	<u>Excess Employee Theft Limit Desired</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

9. **Location Information:**

Number of Domestic Locations:

Manufacturing Plants \_\_\_\_\_ Warehouses \_\_\_\_\_ Distribution Centers \_\_\_\_\_ Retail \_\_\_\_\_ Other \_\_\_\_\_

Foreign Locations:

<u>Country</u>	<u>Type of Operation</u>	<u>Number of Employees</u>
_____	_____	_____
_____	_____	_____

10. **Financial Reporting:** (If applicable, please attach the First Named Insured's most recent annual audited financial statement, Management Letter, item-by-item response to that Management Letter):

- A. Is a CPA firm involved in the applicant's financial reporting?  Yes  No  
 If "Yes", how often?  Quarterly  Semi-Annually  Annually  
 If "Yes", is the CPA report a:  
 Compilation  Review  Complete Audit
- B. Are all locations included within the report?  Yes  No
- C. Has the auditing firm made any recommendations that have not been adopted?  Yes  No
- D. Does the applicant maintain an internal audit department?  Yes  No

11. **Internal Controls:**

- A. Are all bank account statements reconciled at least monthly?  Yes  No
- B. Is the reconciliation handled by one or more Employees not authorized to sign checks, make or record deposits or withdrawals?  Yes  No
- C. Are at least two signatures required on checks?  Yes  No  
 If yes, over what threshold? \_\_\_\_\_
- D. Is an individual outside of the accounts payable unit confirming all invoices?  Yes  No
- E. Are the invoices stamped "paid" at the time checks are issued to prevent issuing duplicate checks?  Yes  No
- F. Are securities subject to joint control by two or more Employees?  Yes  No
- G. Are all applications for employment verified by checking references and contacting former employers?  Yes  No
- H. Are checks stamped, "For Deposit Only" as they are received?  Yes  No
- I. Is a complete inventory made with physical check of stock and equipment?  Yes  No  
 If yes, by whom and how often? \_\_\_\_\_

J. Are the same internal controls listed above imposed on all locations and entities?  Yes  No

**12. Employee Benefit Plans:**  Check here if not applicable.

Name(s) of the Employee Benefit Plans required to be bonded by the Employee Retirement Income Security Act:

\_\_\_\_\_

\_\_\_\_\_

Is an independent consultant retained to administer any of the above Benefit Plans?  Yes  No

If they are to be included under this Policy, what is the name of the firm? \_\_\_\_\_

What are the total assets of all the benefit plans? \$ \_\_\_\_\_

**13. Inside/Outside the Premises Coverage Exposures (Insuring Agreements 3, 4 & 5):**  Check here if not applicable.

For each location indicate the maximum exposure **INSIDE** the premises:

Location including County	Cash	Securities	Checks	Payroll Checks	Safe Type

Is the burglar alarm connected to the safe or vault?  Yes  No

Is the Premises open 24 hours for business?  Yes  No

If not, is a night guard employed by the Insured to stay on the Premises after closing?  Yes  No

For each location indicate the maximum exposure transported **OUTSIDE** the premises:

Location including County	Cash	Securities	Checks	Payroll Checks	# of Messengers

Is an armored car service employed by the Insured to move money and/or securities?  Yes  No

**14. Precious Metals and/or Gem Exposures and Controls (Insuring Agreements 3, 4 & 5):**  Check here if not applicable.

A. Is there an exposure of precious metals or stones at any location of the applicant (e.g. gold, silver, diamonds or other similar high value material)?  Yes  No

If "Yes", attach descriptions of the items, including maximum dollar values and complete the rest of this section.

B. Are these items kept inside special, high security enclosure?  Yes  No

C. Is access to enclosure controlled by guards, special identification and/or locks?  Yes  No

D. Is the property protected by a safe or alarm?  Yes  No

E. Are contents within the high security area inventories at each shift change?  Yes  No

F. Are all shortages of high value items investigated?  Yes  No

**15. Computer Fraud Controls (Insuring Agreement 6):**  Check here if not applicable.

A. Is there a software security system in place to detect fraudulent computer usage by employees, agents or outsiders?  Yes  No

B. Are passwords and access codes changed at regular intervals and when users are terminated?  Yes  No

- C. Are computer programmers permitted to use machines with their own programs?  Yes  No
- D. Are computer check writing functions separate from check authorization?  Yes  No
- E. Are EDP systems, programs and procedures, including changes thereto, authorized, documented and tested?  Yes  No
- F. Is there physical and functional segregation of personnel and periodic job shift and/or rotation?  Yes  No

If Funds Transfer Fraud coverage is desired, please answer the following:

- G. What is the average daily dollar volume of electronic funds transfer? \$ \_\_\_\_\_ Maximum \$ \_\_\_\_\_
- H. Are transfer verifications sent to an Employee and/or department other than the one who initiated the transfer?  Yes  No

**FLORIDA, KENTUCKY, MINNESOTA, MICHIGAN, NEW JERSEY, NEW YORK & PENNSYLVANIA FRAUD WARNING - Any person who knowingly and with intent to defraud an insurance company or another 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 and subjects the person to (NY: substantial) criminal and civil penalties.**

**COLORADO FRAUD WARNING - 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.**

**DISTRICT OF COLUMBIA FRAUD 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, fines, and denial of insurance benefits.**

**LOUISIANA FRAUD WARNING: 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.**

**OHIO FRAUD WARNING - 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.**

**VIRGINIA FRAUD WARNING - 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.**

Dated	Insured's Signature	Title
-------	---------------------	-------

Name & Address of Broker/Agent

---

Internet E-mail Address of Broker/Agent for future correspondence  Check here if you prefer we not use E-mail for future correspondence

# ExecutivePerils

11845 West Olympic Boulevard • Suite 750 • Los Angeles • CA • 90064  
 T:310-444-9333 • F:310-444-9355 • Web: [www.eperils.com](http://www.eperils.com) • CA Lic. #0E36308  
 dba: Executive Perils Insurance Services