

United States Fire Insurance Company * North River Insurance Company * Crum & Forster Indemnity Company *
 Crum & Forster Insurance Company * Crum & Forster Specialty Insurance Company

COMMERCIAL ACCOUNTS
Application for a Commercial Crime Policy

I. Applicant Information

Producer	Policy Status <input type="checkbox"/> New <input type="checkbox"/> Renewal/Replacement of Policy No. _____
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Exact Name of Applicant - include all subsidiary entities, employee benefit plans, etc. to be covered:

Mailing Address (Street, City, State, Zip)

Organization <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP	Date Business Established
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Nature of Operation – Describe Applicant’s Product(s) or Service(s)

Size of Operation
 Annual Revenues: \$ _____ Total Assets: \$ _____ Total No. of Locations: _____

Do You Have an Internet Website? Yes No
 If “yes”, indicate URL: _____

II. Coverage Information

Desired Effective/Renewal Date

Desired Insuring Agreement(s), Limit(s), Deductible(s)

Insuring Agreement	Limit of Insurance	Deductible
1 - Employee Theft	\$ _____	\$ _____
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, Counterfeit Paper Currency	\$ _____	\$ _____
Additional Agreements or Coverages Desired (specify)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

II. Coverage Information (continued)

Prior Coverage to be Replaced - Check if None

Policy Form/Coverage(s) Limit(s) Deductible(s) Effective Date Carrier

Has any Coverage of the Type Requested been Cancelled by any Insurer in the Last Six Years? (Not applicable in Missouri).

No Yes (explain):

III. Rating and Supplemental Coverage Information – Insuring Agreements 1, 2, 6 and 7

Classification of Employees -- United States, U. S. Virgin Islands, Puerto Rico, Canada (show Canadian Employees separately)

Ratable Employees (as classified by position)/Locations

Ratable Employees consist of a) directors and trustees, while performing employee duties; b) partners, if added by endorsement; c) compensated officers; and d) compensated employees (and natural persons employed by an employment contractor while performing duties on behalf of the applicant) who handle, have custody or maintain records of money, securities or other property--including in any event all occupants of positions or equivalent positions listed below.

Note: Even though they may, on occasion, handle money, securities, merchandise or other property, the following positions should not, for that reason be classified as Ratable Employees: inside salesmen (except those of automobile dealers); inside messengers; clerks; typists; and business machine; elevator and telephone operators; factory foremen or workers; janitors; porters; laborers; and other, similar positions.

	No.	No.		No.	No.		No.	No.
	U. S.	Can.		U. S.	Can.		U. S.	Can.
Officials			Management			Sales		
Director (performing employee duties) _____			Manager _____			Sales Manager _____		
Trustee (performing employee duties) _____			Assistant Manager _____			Asst. Sales Manager _____		
President _____			Branch Manager _____			Floorwalker _____		
Vice President _____			Asst. Branch Manager _____			Buyer _____		
Treasurer _____			Dept. Manager _____			Assistant Buyer _____		
Assistant Treasurer _____			Superintendent _____			Car Salesmen _____		
Comptroller _____			Asst. Superintendent _____			Salesmen (Outside _____		
Staff Attorney _____			Supervisor _____			who collects) _____		
Bursar _____			Asst. Supervisor _____			Canvasser _____		
Assistant Bursar _____			Purchasing Agent _____			Gas Station Attendant _____		
All Other _____			All Other _____			Collector _____		
						All Other _____		
Accounting			Stock			Delivery		
Internal or Staff Auditor _____			Stock Clerk _____			Driver _____		
Assistant Auditor _____			Shipping/Receiving Clerk _____			Driver's Helper _____		
Cashier _____			Warehouseman _____			Chauffeur _____		
Assistant Cashier _____			Custodian _____					
Bookkeeper _____			Watchman _____			Computers		
Paymaster _____			Dietitian who Orders Food _____			Senior Programmer _____		
Timekeeper _____			Appraiser _____			Senior Operator _____		
Adjuster _____			Pharmacist _____					
Accountant (Senior) _____			Bartender _____					
for Accounting Firms _____			Refinery Gauger _____			All Other Ratables _____		
Total Number of Ratable Employees	U. S. _____	Canada _____	Total Number of <u>all</u> Employees	U. S. _____	Canada _____			
Total Number of Retail Locations	U. S. _____	Canada _____	Total Number of All Locations	U. S. _____	Canada _____			

Insuring Agreement 1 - Extensions for special positions or exposures. Check applicable boxes and insert number of employees or provide requested information.

- Foreign Employees - Attach a separate list of countries with total employee counts for each Partners _____
- Non-compensated Officers _____ Volunteers - Campaign Solicitors _____ Volunteers - Others _____
- Directors and Trustees (while serving on committees performing non-directorial functions)

Insuring Agreement 1 - Agents Extension. Complete if coverage is desired on outside firms or contracted individuals performing employee functions.

Name of Individual or Firm Function(s) Performed Amount of Coverage

III. Rating and Supplemental Coverage Information – Insuring Agreements 1, 2, 6 and 7 (Continued)

Insuring Agreement 2 -- Credit Card Forgery Extension. Check box and furnish requested information if desired:

Limit \$ _____ Total number of employees holding applicant's credit or charge cards: _____

Insuring Agreement 2 - Personal Account Extension. Check box and complete if coverage on accounts of Partners or Officers is desired:

Name	Position	Amount of Personal Accounts Coverage
		\$

Special Exposures

- A. Do you, at any location, have an exposure of precious or valuable metals or stones (such as gold, platinum, palladium, rhodium, silver, diamonds, tin, elemental titanium, mercury or similarly valued material)? No Yes. If "yes", please attach a separate sheet for each location showing, for each such material, the type, form (ingots, salts, solutions, etc.) and maximum exposure by weight and dollar value. Additional information may be requested.
- B. Is there likely to be a large increase in the number of employees during the premium period due to expansion, seasonal activity, etc.? No Yes (explain):
- C. Do you engage in high-risk activities (investing, hedging, lending, leasing, underwriting, etc.) that require employees to exercise discretion or delegated authority in implementing company policies? No Yes. If "yes", please attach details of the activities, the scope of authority granted and the provisions in place to monitor performance.
- D. Do your employees regularly conduct their duties on the premises or property of others under circumstances that expose them to the valuable property of clients or customers? No Yes. If "yes", please attach a detailed explanation.
- E. Do you, in the normal course of business, hold or process significant amounts of property of others? Or are you otherwise liable for such property? No Yes. If "yes", please attach a detailed explanation.

V. Internal Control and Procedures -- All Locations

- A. Indicate frequency of audits and cash accounts by an outside CPA: Annual
 Other (specify):
Does the audit contain the opinion of the auditing firm? Yes No
Does the audit include all interests and locations? Yes No
Frequency of audits of cash accounts and equipment inventory by internal staff: _____
- B. Is countersignature required on all checks issued by the applicant? Yes No
 In excess of \$ _____
If "no", provide name(s), position(s) and ownership interest(s) of persons with unlimited check signing authority:

Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? Yes No
- C. Are securities under the control of two or more responsible employees? Yes No
Are securities kept in a bank safe deposit box? Yes No
- D. Do all purchases require the signed approval of two or more employees? Yes No
If "no", indicate maximum authority granted to any one person: \$ _____
- E. Are incoming and outgoing shipments checked, and invoices or records initialed, by more than one employee before acceptance or release? Yes No
Are drivers required to account for each shipment by means of signed receipts or returned merchandise? Yes No

V. Internal Control and Procedures -- All Locations (Continued)

F. Do you move or pay funds by wire transfer? Yes No

If "yes":

Who is authorized to initiate wire transfers and what limits are imposed?

Per day, what is

- a. _____ The largest wire transfer?
- b. _____ The average wire transfer?
- c. _____ The average number of wire transfers?

How are requests initiated (voice, terminal, fax, etc.)?

How do you verify proper receipt of wire transfers?

How are wire transfers of all types tested (embedded codes, bank callback, send/release initiation or similar protocol)?

VI. Physical Exposures and Protection – Insuring Agreements 3 and 4

Provide the following for each location with exposures of money, securities, checks or other property kept in a safe or vault exceeding the requested Deductible under Insuring Agreements 3 and 4. Please provide a separate sheet if you have multiple locations with varying exposures and protection.

Address of Location #1:

Indicate maximum exposures:

Safe #1

Money \$ Securities (not checks) \$ Checks \$ Other Property \$

UL Burglary rating of safe or vault: TL-15 TR-15 TRTL-30 None Other:

or
SMNA Burglary rating of safe or vault: B C E ER None Other:

In Transit

Money \$ Securities (not checks) \$ Checks \$ Other Property \$

Transportation by:: Messenger Traveling Alone Messenger With Guards
 Armored Car Other:

Indicate special protection (dual combination, alarms, guards, etc.) if any:

VI. Physical Exposures and Protection – Insuring Agreements 3 and 4 (continued)

Address of Location #2:

Indicate maximum exposures:

Safe #1

Money \$ Securities (not checks) \$ Checks \$ Other Property \$

UL Burglary rating of safe or vault: TL-15 TR-15 TRTL-30 None Other:

^{or}
SMNA Burglary rating of safe or vault: B C E ER None Other:

In Transit

Money \$ Securities (not checks) \$ Checks \$ Other Property \$

Transportation by:: Messenger Traveling Alone Messenger With Guards
 Armored Car Other:

Indicate special protection (dual combination, alarms, guards, etc.) if any:

VII. Loss History -- Check if None During Last Six Years

List all losses, of the types to be covered, incurred within the last six years. Itemize each loss separately. For Employee Theft losses involving off-site clients' property, please indicate "CLE" under "Type of Loss".

Date Loss Discovered	Type of Loss	Amount of Loss	Amount Recovered From Insurance	Describe Circumstances of Loss and Action Taken to Help Prevent Repetition
		\$	\$	

Insurance Fraud Prevention Act Notices

NOTICE TO ARKANSAS 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 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 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 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 MEXICO 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 CIVIL FINES AND CRIMINAL 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, 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 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 VIRGINIA 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."

The applicant represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any bond or policy issued in reliance upon such information.

Dated at _____ this _____ day of _____, 20_____.

Applicant:

(Print Applicant Name)

By _____

(Name and Title of Person Signing)