

CRIME INSURANCE APPLICATION FOR USE IN SUBMITTING THE APPLICATION OF ANOTHER INSURER

I. ATTACHED APPLICATION

We attach a signed copy of the application made to the following insurer: _____ and dated _____ which shall be considered part of this Application to Crum & Forster. Any State notices to applicants in such application shall also apply to this Application.

II. ADDITIONS OR CHANGES

The information in the application described in I, above, is complete and accurate as of the date of the signing of this Application except for the following additional or changed information:

III. SPECIFIC QUESTIONS

- A. Are more than 10% of your employees domiciled outside the US, its territories and possessions or Canada? _____ (In any case, please also attach a census by country.)
- B. Do your total assets exceed \$10 Billion? _____ (In any case, please also attach your latest financial statement.)
- C. What is your current program? (Please attach the expiring Declarations and endorsements.) Expiring premium? _____
- D. Please complete Appendix I (attached) if the application described in I, above, does not contain similar rating information.
- E. In the last six years has any proposed insured (or entity that was at the time an insured under a predecessor policy) reported or discovered any loss or potential loss (whether or not recoverable from insurance) of the type generally covered under the proposed insurance? (If your answer is subject to a reporting threshold, please state it.) Please list the losses below and attach complete details of the loss and measures to prevent reoccurrence.

<u>Date of Loss</u>	<u>Description of Loss</u>	<u>Gross Amount</u>	<u>Status of Claim</u>
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The insured 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 _____ 19 _____

(Print Insured Name) By _____
(Signature)

(Name and Title of Person Signing)

APPENDIX 1 – CLASSIFICATION OF EMPLOYEES

- | | |
|---|--|
| <input type="checkbox"/> Directors | <input type="checkbox"/> Salespersons Who Do Not Collect |
| <input type="checkbox"/> Officers | <input type="checkbox"/> Purchasing Agents & Buyers |
| <input type="checkbox"/> Managers | <input type="checkbox"/> Delivery Persons Who Collect |
| <input type="checkbox"/> Administrators | <input type="checkbox"/> Delivery Persons Who Do Not Collect |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Drivers Who Collect |
| <input type="checkbox"/> Accountants | <input type="checkbox"/> Drivers Who Do Not Collect |
| <input type="checkbox"/> Comptrollers | <input type="checkbox"/> Storekeepers & Storeroom Personnel |
| <input type="checkbox"/> Programmers | <input type="checkbox"/> Shipping Clerks |
| <input type="checkbox"/> Bookkeepers | <input type="checkbox"/> Superintendents |
| <input type="checkbox"/> Cashiers | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Custodians |
| <input type="checkbox"/> Salespersons Who Collect | <input type="checkbox"/> Messengers |

Other employees with significant access to money, securities or valuable inventory

TOTAL CLASS 1: _____

ALL OTHER: _____

GRAND TOTAL: _____

If you wish to include as covered insiders any agents, consultants, contractors or the like, please specify the numbers of each type and their titles and duties: