

## COMMERCIAL CRIME POLICY APPLICATION

For digital completion, copy and paste over appropriate boxes for response

### I. Applicant Information

Insurance Broker (Name, City, State)	Requested Effective Date (MM/DD/YY)
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**Exact Name of Applicant** – please include any legally separate subsidiary entities, (employee benefit plans, etc.) you operate and intend to be covered:

**STREET Address** (Street, City, State, Zip)

<b>Do You Have an Internet Website?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”, indicate URL: _____	<b>Please attach a copy of your latest available financial statement.</b>
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<b>Organization</b> <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP	<b>Date Business Established</b>
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**Nature of Operation** – Describe Your Product(s) or Service(s)

**Required Statistical Information**

Annual Revenues: \$ \_\_\_\_\_ Total Assets: \$ \_\_\_\_\_

Total No. of Employees: \_\_\_\_\_ Within the U.S. and Canada    \_\_\_\_\_ Outside the U. S. and Canada

Total No. of Locations: \_\_\_\_\_ Within the U.S. and Canada    \_\_\_\_\_ Outside the U. S. and Canada

### II. Coverage Information

**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	\$ _____	\$ _____
<b>Additional Agreements or Coverages Desired (specify)</b>		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**II. Coverage Information (continued)**

**A. 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)

**B. 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
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**C. 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: \_\_\_\_\_

**D. 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 \$
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**E. Has any Coverage of the Type Requested been Cancelled by any Insurer in the Last Six Years?** (Not applicable to applicants domiciled in Missouri).

No      Yes (explain):

**F. Current Insurance - Check this box if none**

Insurer (not broker)	Policy Form/Coverage(s)	Limit(s)	Deductible(s)	Expiration Date (MM/DD/YY)
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**III. Rating and Supplemental 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.

- |  |  |   |
|--|--|---|
| _____ Directors (performing employee duties)   | _____ Managers and Assistant Managers    | _____ Salespersons who collect                          |
| _____ Trustees (performing employee duties)  | _____ Administrators                     | _____ Purchasing Agents and Buyers                      |
| _____ Officers   | _____ Superintendents                    | _____ Drivers and delivery persons (who collect)        |
| _____ Comptrollers   | _____ Computer Programmers               | _____ Drivers and delivery persons (who do not collect) |
| _____ Auditors and Accountants   | _____ Data Entry                         | _____ Shipping and Receiving clerks                     |
| _____ Cashiers   | _____ Warehousemen                       | _____ Watchmenn & Custodians                            |
| _____ Bookkeepers  | _____ Storekeepers & Storeroom Personnel | _____ Colectors   |
| _____ Staff Attorneys  | _____ Stock Clerks                       |   |
| _____ Paymasters and Timekeepers   | _____ Appraisers                         |   |
| _____ Other employees with significant access to money, securities or valuable inventory |  |   |
| _____ Total Ratable Employees  |  |   |
| _____ All Other  |  |   |
| _____ Grand Total "Domestic" Employees   |  |   |

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

**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
- F. Please describe your IT access controls (exception reports, automatic lockouts, etc. to control repeated unsuccessful access attempts).
- G. Do you segregate programming and operations?  Yes  No  
Is output reconciled by persons who do not process or prepare input?  Yes  No  
Are pre-authorization controls maintained for all programmers and operators?  Yes  No  
Are computerized check-writing operations segregated from departments that authorize checks?  Yes  No

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

H. 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 - 5**

Provide the following for each location with exposures of money, securities (other than checks) and other property which exceeds the requested Deductible Amounts under Insuring Agreements 3, 4 or 5. Please provide a separate sheet if you have multiple locations with varying exposures and protection.

Indicate maximum exposures:

Inside the Premises

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

Make and model of safe or vault: \_\_\_\_\_

UL Security rating of safe or vault: \_\_\_\_\_ or SMNA Burglary rating of safe or vault: \_\_\_\_\_

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 ALASKA APPLICANTS:** "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."
- 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 ARIZONA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."
- NOTICE TO CALIFORNIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE 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 AGENCIES."
- 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 OF THE THIRD DEGREE."
- NOTICE TO HAWAII APPLICANTS:** "FOR OUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT OR BOTH."
- NOTICE TO IDAHO APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."
- NOTICE TO INDIANA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION COMMITS A FELONY."
- 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 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 COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR 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 TO PRISON."
- NOTICE TO MASSACHUSETTS APPLICANTS:** "ANY PERSON HOW KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES."
- NOTICE TO MINNESOTA APPLICANTS:** "A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."
- NOTICE TO NEBRASKA APPLICANTS:** "ANY PERSON HOW KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES."
- NOTICE TO NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY 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 MY 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, 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."
- NOTICE TO OHIO APPLICANTS:** "ANY PERSON WHO WITH INTENT TO DEFRAUD OR KNOWING 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 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."

**NOTICE TO OREGON APPLICANTS:** "ANY PERSON HOW KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES."

**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 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."

**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."

**NOTICE TO WASHINGTON 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."

**NOTICE TO 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 TO PRISON."

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**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 Owner, Partner or Officer Signing)