



Wrap+SM

Crime
Renewal Coverage Application

Travelers Casualty and Surety Company of America
Hartford, Connecticut 06183

GENERAL INFORMATION

The term "Applicant" means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

Agency	Code	Agent Name/License Number	Policy Number

Name of Applicant: _____

Street Address: _____

City, State, ZIP: _____

1. Does the **Applicant** currently file, or do they anticipate in the next twelve (12) months filing, any documents with the Securities and Exchange Commission, or similar foreign authority regarding any equity or debt securities? Yes No

2. Locations of **Applicant** and Total Number of Employees*:

	Total # of Locations (Other Than Main Office)	Total # of Employees
U.S./Canada		
Other Countries		

*Employees Include Full Time, Part Time, Leased, Temporary, Seasonal Employees and Volunteers

3. Please indicate the maximum exposure for each location:

Locations	Cash	Retail Checks	Non-Retail Checks

[To enter more information, please attach a separate page to the application](#)

4. Does the **Applicant** use a Safe for storing cash, checks, securities and other tangible property? Yes No

FINANCIAL INFORMATION

Note: Omit this section if the Applicant is required to submit a separate financial statement as an attachment to this application.

Please indicate the following as it relates to the Applicant's fiscal year end (FYE): <i>[indicate negative figures with "(-)"]</i>	Most Recent FYE (Month/Year) /
1. Current Assets	
2. Total Assets	
3. Current Liabilities	
4. Long Term Debt	
5. Retained Earnings/Fund Balance (Accumulated Deficit/Fund Deficit)	
6. Net Equity/Net Assets (Deficit Equity)	
7. Revenues	
8. Net Income (Net Loss)	

9. Is the Applicant currently operating under a Bankruptcy Filing? <u>If “Yes”, please attach an explanation</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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AUDITOR INFORMATION

- | | | | |
|---|-----|----|-----|
| 1. Has the Applicant changed outside auditors in the last twelve (12) months?
<u>If “Yes”, please attach an explanation</u> | Yes | No | N/A |
| 2. Has any auditor issued a “going concern” opinion in any financial statements of the Applicant or any of its subsidiaries during the past twelve (12) months?
<u>If “Yes”, please attach an explanation</u> | Yes | No | N/A |

INTERNAL CONTROLS

- | | | |
|--|-----|----|
| 1. Are owners active in the day to day oversight of business operations? | Yes | No |
| 2. Does someone other than the person responsible for reconciling bank accounts:
Make Deposits? Yes No Make Withdrawals? Yes No Sign Checks? Yes No | | |
| 3. Is countersignature of checks required? Yes No If Yes, what is the dual signing limit? _____ | | |
| 4. Is segregation of duties practiced in the following areas: | | |
| Inventory management? Yes No Cash Receipts? Yes No | | |
| Vendor approval? Yes No Oversight of blank check stock? Yes No | | |
| Purchase Order approval and payment? Yes No Retail checks and credit card receipts? Yes No | | |
| Wire transfer receipts and payments? Yes No | | |
| 5. Is a physical count of inventory conducted at least annually? | Yes | No |
| 6. Are the duties of computer programmers and operators separated? | Yes | No |
| 7. Do you continue to perform any of the following: | | |
| Verification of Prior Employment? Yes No Credit History? Yes No | | |
| Drug Testing? Yes No Criminal History? Yes No | | |
| Education? Yes No | | |

REQUESTED INSURANCE TERMS

Does the **Applicant** desire any changes to the expiring Policy limits of insurance or retention? Yes No
If “Yes”, please indicate the desired changes in the tables below

	Requested Limit	Requested Retention
Fidelity: Employee Theft		
Fidelity: ERISA Fidelity		
Fidelity: Employee Theft of Client Property		
Forgery or Alteration		
On Premises (Money, Securities and Other Property)		
In Transit (Money, Securities and Other Property)		
Money Orders and Counterfeit Money		
Computer Crime		
Funds Transfer Fraud		
Personal Accounts Protection		
Claim Expense		

REQUIRED ATTACHMENTS

As part of this Application, the **Applicant** must submit the following documents:

- Most recent annual financial statement, if Limit of Insurance requested is greater than \$1,000,000
- CPA Management Letter regarding Internal Controls, if the Limit of Insurance requested is greater than \$5,000,000

SIGNATURE

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY THE COMPANY. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Attention: Insureds in AR, CO, DC, FL, KY, LA, ME, NJ, NM, NY, OH, and OK

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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.)

(In Pennsylvania, 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.)

(In Tennessee, Virginia and Washington, 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.)

(In Maine, Tennessee, Virginia and Washington, 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.)

Signature of **Applicant's** Authorized Representative

_____ Title: _____

Name (Printed):

_____ Date: _____