



# Crime Insurance Renewal Application For Mercantile Entities

Name of Insured: \_\_\_\_\_

Principal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**1. Since last Renewal, have you changed**

**Yes      No**

a. Legal Entity Status?	<input type="checkbox"/>	<input type="checkbox"/>
b. External and Internal Controls?	<input type="checkbox"/>	<input type="checkbox"/>
c. Exposures of Money and Securities or property by more than 10%?	<input type="checkbox"/>	<input type="checkbox"/>
d. Predominant business activity?	<input type="checkbox"/>	<input type="checkbox"/>

*Note: Please enclose documentation supporting all affirmative answers.*

**2. Financial Status (per latest FYE)**

**Total**

**% Change from prior year**

a. Annual Gross Assets		
b. Annual Gross Sales		
c. Net Profit		
d. Net Worth		

*Please submit the following information in support of this application: Latest Annual Fiscal Year End Audited Financials, CPA Letter to Management and Management Response*

**3. Total Number of Locations**

**Non Retail**

**Retail**

a. U.S/Canada		
b. Foreign		

**4. Total Number of Employees**

**U.S/Canada**

**Foreign**

**% Change**

a. Class 1 Employees (*)			
b. All Others			
c. Grand Total			

(\*) Class one employees are all officers as well as other employees who handle, have custody or maintain records of money, Securities or other property.

**5. Desired Coverage Changes**

**Check if no changes**

Desired Coverage Changes (Limits/Deductibles) Explain  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. Loss History**

List all losses sustained during the past annual policy period, whether reimbursed or not.  
 If loss has occurred, please provide the following information as part of your renewal submission:

Check if No Losses

Date of loss	Description of loss	Amount	Recovery	Corrective Measures

Please attach separate page if needed.

**7. Internal Controls**

List all changes or revisions to audit or internal control procedures during the previous policy period.

Check if No Changes

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**PLEASE SEE ATTACHED INSURANCE FRAUD WARNING STATEMENT**

**NOTICE TO APPLICANTS:**

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

**Applicant Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Producer Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_