



**CRIME INSURANCE
RENEWAL APPLICATION**

1. Name and Address of Insured _____

2. Since Last renewal, Have you changed Yes No
 A. Legal Entity Status: _____
 B. External and Internal Controls: _____
 C. Exposures of Money and Securities or property
 By more than 10%: _____
 D. Predominant business activity: _____
 (Note: Please enclose documentation supporting **all** affirmative answers)

3. Financial Status (per latest FYE) Total % Change from prior year
 Annual Gross Assets: _____
 Annual Gross Sales: _____
 Net Profit: _____
 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.

4. Total Number of Locations: U.S./Canada: Non Retail _____ Retail _____
 Foreign: Non Retail _____ Retail _____

5. Total Number of Employees:
 Class 1 Employees (*) U.S./Canada _____ Foreign _____ % Change _____
 All Others U.S./Canada _____ Foreign _____ %Change _____
 Grand Total U.S./Canada _____ Foreign _____ %Change _____

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

6. Desired Coverage Changes (Limits/Deductibles) Explain: _____

Check if Same as Expiring _____

- Please attach separate page if needed.

7. List all losses sustained during the past annual policy period, whether reimbursed or not. Check if No Losses _____

If a loss has occurred, please provide the following information as part of your renewal submission:

Date of loss: Description of loss: Amount: Recovery: Corrective Measures:

- Please attach separate page if needed.

8. List all changes or revisions to audit or internal control procedures during the previous policy period. Check if No Changes _____

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 _____ Title _____ Date _____