

Application is hereby made by (Please list all insureds, including Employee Benefit Plans):

Principal Address

For a (check the appropriate box): Discovery , Loss Sustained , _____ Crime Protection Policy
(primary, excess, contributing)

With: _____

Insuring Agreements, Limits of Insurance and Deductibles

Insuring Agreement	Limit of Insurance	Deductible Amount
1. Employee Dishonesty		
2. Forgery or Alteration		
3. Inside the Premises		
4. Outside the Premises		
5. Computer Fraud		
6. Money Orders and Counterfeit Paper Currency Insuring Agreements added by Endorsement		
7. Loss of Clients' Property		
8. Funds Transfer Fraud		

To become effective or to be continued as of 12:01 a.m. on _____ to 12:01 a.m. on _____

Premium payable (check the appropriate box): Annual , Three year Prepaid , Three equal annual installments

Other Coverage Amendments (Endorsements)

Description of your organization

a. Are you a (check the appropriate box): Proprietorship , Partnership , Corporation , Other _____

b. Date your business was established: _____

c. Classify your predominant activity: Manufacturer , Processor , Wholesaler , Distributor , Retailer , Servicer ,
Other _____

d. Describe the products or services of your predominant business or activity

e. Has there been any change in ownership or management within the past three years? Yes No

If "Yes", explain:

Audit Procedures

a. Is there an audit by a CPA, public accountant or equivalent, independent of your organization? Yes No

If "Yes", how often (check the appropriate box): Quarterly , Semi-Annually , Annually

b. Name and address of person performing audit:

c. Are all locations audited? Yes No

d. Is the audit made in accordance with generally accepted auditing standards and so certified? Yes No

If "No", indicate the scope of service (check the appropriate box): Review , Compilation

Other _____

e. Is the report rendered directly to the Owner, Partners or Directors? Yes No

f. Date of completion of last audit of: Cash and Accounts _____ Inventory _____

g. Were any discrepancies or loose practices commented upon in the audit? Yes No

If "Yes", submit a copy of the auditor's comments.

h. Is there an internal audit by an Internal Audit Department under the control of an employee who is a certified public accountant or equivalent? Yes No

If "Yes", are the reports rendered directly to the Owner, Partners or Directors? Yes No

Internal Controls

Bank Accounts:

a. Are bank accounts reconciled monthly? Yes No

b. Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No

If "No", explain:

c. Is countersignature of all checks required? Yes No

Above what amount? \$ _____

d. Does supporting documentation accompany all checks to be signed? Yes No

e. Do you maintain a list of approved vendors? Yes No

f. Are securities subject to the joint control of two or more employees? Yes No

g. Explain your screening procedures for new employees:

Prior Insurance

- a. Has any similar insurance been declined or canceled during the past three years? Yes No

If "Yes", explain:

- b. Prior insurance to be superseded Check here if none

Policy Number	Discovery or Loss Sustained	Effective Date	Expiration Date	Limit of Insurance	Name of Insurance Company

- c. List below all losses sustained during the past three years that were caused by: employee dishonesty, forgery, theft of money or securities on the premises, robbery or safe burglary of other property on the premises, or robbery of money, securities or other property in the custody of a messenger. Please list all losses, whether reimbursed or not.

Check here if none

Date of Loss	Type of Loss	Amount Recovered from Insurance	Amount Recovered from Other than Insurance	Amount of Loss Pending	Location of Loss

Rating Data for Insuring Agreements 1, 2 and 5

- a. Classification of Employees:

1) Number of Officers: _____

2) List the number of employees in the following classifications:

Accountants and Asst. Accountants	Hotel Front Desk Personnel
Adjusters	Janitors
Administrators and Asst. Administrators	Managers and Asst. Managers
Appraisers and Clerks acting as Appraisers	Medical Directors
Attorneys	Messengers, outside
Auditors and Asst. Auditors	Meter Readers who collect
Bartenders	Payroll Clerks

Bookkeepers	Pharmacists
Bus Drivers	Purchasing Agents or Asst. Purchasing Agents
Buyers or Asst. Buyers	Receiving Clerks
Cashiers and Asst. Cashiers	Retail Services Counter Personnel
Chairpersons	Salespeople
Chauffeurs	Security Personnel
Collectors	Service Station Attendants
Comptrollers and Asst. Comptrollers	Shipping Clerks
Credit Clerks and Managers	Stock Clerks
Custodians	Storeroom Personnel
Delivery Persons	Superintendents and Asst. Superintendents
Detectives	Supervisors and Asst. Supervisors
Drivers and Drivers' Helpers	Systems Analysts having access to financial management computer system
Food and Beverage Vendors	Taxi Drivers
Food and Beverage Service Personnel that order food	Treasurer and Asst. Treasurer
Freight Handlers	Truck Drivers
Games of Chance Dealers	Warehouse Personnel

3) Number of all employees (not listed above) who handle, have custody or maintain records of money, securities or other property: _____

4) Number of all other employees: _____

b. Number of additional locations other than the head office: _____

Rating Data for Insuring Agreement 7

List the number of employees who handle, have custody of, maintain records of or have access to money, securities or other property owned by your clients. _____

Rating Data for Insuring Agreements 3 and 4

a. Indicate the number of locations: _____

b. Indicate the number of outside messengers: _____

c. Do guards accompany each messenger? Yes No

d. Are your premises secured by watchpersons? Yes No

e. Are your premises secured by an alarm system? Yes No

Please provide details:

f. Is a safe used at all locations? Yes No

Please provide details:

g. What other measures have been taken to provide physical protection (private conveyance, messenger bags, safe alarms, etc.)?

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General Information

Business Hours	Av. # of Employees on Duty	Frequency of Deposits
Night Depository Used?	Annual Gross sales or receipts for last fiscal yr.	Other Information

Coverage Amendments

a. Insuring Agreement 1

1) If the deductible is limited to specified positions, list the positions and the number of employees occupying those positions:

Number of Employees	Positions

2) If insurance is desired on any of your appointed or elected agents, whether they be persons, partnerships or corporations performing any act or service in connection with the ordinary conduct of your business, complete the following:

Capacity in Which Each Agent Serves	Limit of Insurance

3) If Insurance is desired on any of your partners, please indicate the number of partners to be covered: _____

4) If blanket excess limits of insurance are desired on any of your joint insureds, complete the following:

Joint Insured(s)	Number of Employees	Excess Limit of Insurance

5) If excess limits of insurance are desired on any of your employees on either a name schedule or position basis, complete the following:

Name Schedule Coverage	Position Schedule Coverage			
Names of Covered Employee(s)	Title(s) of Covered Position(s)	Location of Covered Positions	Number of Employees in Each Position	Excess Limit of Insurance for Each Employee

b. Insuring Agreement 2

If insurance is desired, complete the following:

1) Credit, Debit or Charge Card Instruments:

Covered Instruments (check the appropriate box): include or are limited to credit, debit or charge cards issued to you or any employee for business purposes

Number of Cardholders: _____ Limit of Insurance: _____

2) Warehouse receipts:

Covered Instruments (check the appropriate box): include or are limited to warehouse receipts and withdrawal orders

Limit of Insurance: _____

3) Personal Accounts of your officers or partners:

Name(s)	Limit of Insurance

c. Insuring Agreements 3 and 4

1) Increased or Reduced Limits

a) If an increased limit is desired for a specified period, indicate:

	Limit of Insurance	Specified Period
Insuring Agreement 3		
Insuring Agreement 4		

b) If a decreased limit is desired while the business is closed and a custodian is not on duty, indicate:

Limit of Insurance: _____

- c) If a reduced limit is desired for designated premises, messengers or armored motor vehicle companies, complete the following:

Address of Premises	Names of Messengers	Names of Armored Motor Vehicle Companies	Limit of Insurance

2) Schedule Coverage:

If schedule coverage is desired, complete the following:

Address of Premises	Insuring Agreement 3 Limit of Insurance	Insuring Agreement 4 Limit of Insurance	Number of Armored Motor Vehicles	Number of Messengers

d. Covered Property in Custody of Designated Agent

If coverage for property while in the custody of a designated agent is desired, please indicate:

Name of Agent	Value of Property in Custody of Agent

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 coverage issued on reliance upon such information.

Dated at _____ this _____ day of _____, _____

_____ By _____

(Insured)

(Name and Title)