



AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

CRIME SECTION 2000

DATE (MM/DD/YYYY)

AGENCY	NAMED INSURED	POLICY NUMBER
CARRIER:	NAIC CODE:	

COVERAGE		BASIS FOR COVERAGE:		DISCOVERY	LOSS SUSTAINED	
COVERAGE	LIMIT	DEDUCTIBLE	COVERAGE	LIMIT	DEDUCTIBLE	
EMPLOYEE THEFT			INSIDE THE PREMISES			
<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$		ROBBERY OR BURGLARY OF OTHER PROPERTY			
<input type="checkbox"/> ERISA	\$	N/A	<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$		
AGGREGATE	\$		OUTSIDE THE PREMISES			
ERISA EXCESS AMOUNT OVER BLANKET LIMIT	\$		MONEY AND SECURITIES	\$		
TOTAL ASSET VALUE	\$		OTHER PROPERTY	\$		
TOTAL ASSET VALUE (Per Plan)	\$		<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE			
EMPLOYEE THEFT GOVERNMENTAL CRIME			COMPUTER FRAUD	\$		
<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$		FUNDS TRANSFER FRAUD	\$		
<input type="checkbox"/> PER LOSS <input type="checkbox"/> PER EMPLOYEE			MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY	\$		
FORGERY OR ALTERATION	\$					
INSIDE THE PREMISES						
THEFT OF MONEY AND SECURITIES						
<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$					

COVERAGE ENDORSEMENTS**ERISA EMPLOYEE THEFT - ADDITIONAL INFORMATION**

NAME OF PLAN	PRINCIPLE ADDRESS	NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS	NUMBER OF PLAN PARTICIPANTS
IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)? (Y/N)			

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
1. ARE VOLUNTEERS USED? IF "YES", # OF VOLUNTERS: _____	<input type="checkbox"/>
2. ANY EMPLOYEES LEASED TO OTHERS? IF "YES", GIVE NUMBER AND EXPLAIN. # OF EMPLOYEES LEASED TO OTHERS: _____	<input type="checkbox"/>
3. ANY EMPLOYEES LEASED FROM OTHERS? IF "YES", GIVE NUMBER AND EXPLAIN. # OF EMPLOYEES LEASED FROM OTHERS: _____	<input type="checkbox"/>
4. ANY EMPLOYEES PERFORM MONEY INVESTING OR TRADING?	<input type="checkbox"/>
5. ANY EMPLOYEES RECEIVE OR ISSUE WAREHOUSE RECEIPTS?	<input type="checkbox"/>
6. ANY EMPLOYEE(S) BEEN CANCELLED FOR CRIME COVERAGE BY ANY INSURER?	<input type="checkbox"/>
7. DOES APPLICANT HAVE ANY WRITTEN AGREEMENTS WITH CLIENTS?	<input type="checkbox"/>
8. DOES APPLICANT TRANSFER ANY FUNDS VIA PHONE OR FAX?	<input type="checkbox"/>
9. ANY EXPOSURE FROM LOSS TO GUEST PROPERTY?	<input type="checkbox"/>

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CLASSIFICATION OF EMPLOYEES/LOCATIONS

LIST ALL OFFICERS AND EMPLOYEES (including those construed to be employees by endorsement), OTHER THAN AGENTS AND PARTNERS, WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY, INCLUDING, IN ANY EVENT, THE POSITIONS LISTED BELOW:

NUMBER OF:	NUMBER OF:	NUMBER OF:	NUMBER OF:
ACCOUNTANTS AND ASSTS	COLLECTORS	LOCKER ROOM ATTENDANTS	STOCK CLERKS
ADJUSTERS	COMPUTER PROGRAMMERS	MAITRE D'S AND ASSTS	STOREKEEPERS
ADMINISTRATORS AND ASSTS	COMPTROLLERS AND ASSTS	MANAGERS AND ASSTS	STOREROOM PERSONNEL
APPRAISERS AND CLERKS ACTING AS APPRAISERS	CREDIT CLERKS AND MANAGERS	MEDICAL DIRECTORS	SUPERINTENDENTS AND ASSTS
ATTORNEYS	CUSTODIANS	MESSENGERS, OUTSIDE	SUPERVISORS AND ASSTS
AUDITORS AND ASSTS	DELIVERY PERSONS	PAYROLL DISTRIBUTORS	TAXI DRIVERS
BOOKKEEPERS	DEMONSTRATORS	PURCHASING AGENTS AND ASSTS	TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES
BUS DRIVERS	DIETITIANS WHO ORDER FOOD	RECEIVING CLERKS	TIMEKEEPERS AND ASSTS
BUYERS AND ASSTS	DRIVERS AND DRIVERS' HELPERS	REFINERY GAUGERS OF OIL COS HANDLING REFINED GASOLINE& OILS	TRUCK DRIVERS
CANVASSERS (Door-to-door salespeople)	FOOD INSPECTORS	SALESPEOPLE	WAREHOUSE PERSONNEL
CASHIERS AND ASSTS	HEAD PHARMACISTS	SECURITY PERSONNEL	WINE CELLAR PERSONNEL
CHAIRPERSONS	INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES	SERVICE STATION ATTENDANTS	WINE STEWARDS/ESSES
CHEFS WHO ORDER FOOD	JANITORS	SHIPPING CLERKS	ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED ABOVE
NUMBER OF OFFICERS:	TOTAL NUMBER OF OTHER EMPLOYEES:	MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS:	ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES:

HIRING PRACTICES

NO EXPLANATION REQUIRED	Y/N
1. IS PRIOR EMPLOYER HISTORY CHECKED?	<input type="checkbox"/>
2. IS EDUCATION AND TRAINING VERIFIED?	<input type="checkbox"/>
3. IS DRUG TESTING CONDUCTED?	<input type="checkbox"/>
4. IS A FORMAL TRAINING PROGRAM ESTABLISHED AND FOLLOWED?	<input type="checkbox"/>
5. ARE CREDIT CHECKS SECURED FOR EMPLOYEES WITH ACCESS TO FINANCIAL TRANSACTIONS?	<input type="checkbox"/>
6. ARE SOCIAL SECURITY NUMBERS VERIFIED?	<input type="checkbox"/>
7. IS CRIMINAL HISTORY CHECKED?	<input type="checkbox"/>
8. ARE MANAGERS PROVIDED WITH NAMES AND SALARIES OF ALL ASSIGNED EMPLOYEES?	<input type="checkbox"/>

CONTROLS AND AUDIT PROCEDURES

AUDITS (NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE)	Y/N
1. AUDIT IS PERFORMED BY: <input type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT <input type="checkbox"/> STAFF <input type="checkbox"/>	
2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT	
3. DATE OF COMPLETION OF LAST AUDIT OF CASH & ACCOUNTS: _____ DATE OF COMPLETION OF LAST AUDIT OF INVENTORY: _____	
4. AUDIT FREQUENCY? <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/>	
5. AUDIT REPORT IS RENDERED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNERS <input type="checkbox"/> BOARD OF DIRECTORS <input type="checkbox"/>	
6. FINANCIAL FORMAT IS: <input type="checkbox"/> AUDIT <input type="checkbox"/> REVIEW <input type="checkbox"/> COMPILATION <input type="checkbox"/> TAX RETURN ONLY	
7. ARE ALL LOCATIONS AUDITED?	<input type="checkbox"/>
8. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? IF "NO", EXPLAIN SCOPE OF AUDIT.	<input type="checkbox"/>
9. WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? IF "YES", SUBMIT A COPY OF THE AUDIT AND AUDITOR'S COMMENTS.	<input type="checkbox"/>
10. DOES AUDIT INCLUDE INVENTORY?	<input type="checkbox"/>
11. ARE REFERENCES OF ALL NEW HIRES CHECKED WITH RESPECT TO EMPLOYMENT HISTORY?	<input type="checkbox"/>
12. DOES AUDIT DEPARTMENT HAVE A PROGRAM TO DETECT GHOST EMPLOYEES?	<input type="checkbox"/>
13. IS PAYROLL SYSTEM AUDITED ANNUALLY?	<input type="checkbox"/>
14. IS A COMPLETE PHYSICAL INVENTORY MADE? IF "YES", HOW OFTEN: _____	<input type="checkbox"/>
15. IS INVENTORY MADE BY PERSONS WHO DO NOT HAVE CUSTODY CONTROL?	<input type="checkbox"/>
16. IS A REQUISITION/SHIPPING ORDER REQUIRED FOR REMOVAL OF GOODS FROM STOREROOM/WAREHOUSE?	<input type="checkbox"/>

BANKING/OTHER (NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE)			Y/N
1.	ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW?		<input type="checkbox"/>
2.	IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS?: _____		<input type="checkbox"/>
3.	WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES?		<input type="checkbox"/>
4.	ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS?		<input type="checkbox"/>
5.	IS THERE A WRITTEN POLICY REGARDING EFTS?		<input type="checkbox"/>
6.	WHAT IS THE LARGEST SINGLE AMOUNT THAT CAN BE TRANSFERRED?: \$		
7.	PRIOR TO FUNDS TRANSFER, DOES FINANCIAL INSTITUTION VERIFY AUTHENTICITY WITH ANOTHER EMPLOYEE?		<input type="checkbox"/>
8.	ARE HARD COPIES OF FUNDS TRANSFER CONFIRMATIONS RECEIVED AND RECONCILED?		<input type="checkbox"/>
9.	FREQUENCY OF DEPOSITS:	<input type="checkbox"/> DAILY <input type="checkbox"/>	
10.	ARE DETAILED RECORDS OF BANK DEPOSITS MAINTAINED?		<input type="checkbox"/>

ENTER THE EXPOSURES FOR EACH CATEGORY. AMOUNTS ENTERED SHOULD BE MAXIMUM EXPOSURE.						
TYPE	MONEY	CHECKS FOR DEPOSIT	CHECKS FOR ACCOUNTS PAYABLE	PAYROLL CHECKS	MONEY OVERNIGHT	SECURITIES (IN BANK/SAFE DEPOSIT)
INSIDE	\$	\$	\$	\$	\$	
MESSENGER #1	\$	\$	\$	\$	\$	
MESSENGER #2	\$	\$	\$	\$	\$	

NO EXPLANATION REQUIRED	Y/N
1. ARE DUTIES SEGREGATED?	<input type="checkbox"/>
2. ARE DEPARTMENTS SUPERVISED BY SOMEONE NOT AUTHORIZED TO PAY BILLS?	<input type="checkbox"/>
3. IS RESPONSIBILITY FOR CHECKING MERCHANDISE RECEIVED CONTROLLED BY MORE THAN ONE INDIVIDUAL?	<input type="checkbox"/>
4. IS ACTUAL RECEIPT OF MERCHANDISE VERIFIED BEFORE PAYMENT IS MADE?	<input type="checkbox"/>
5. IS A NUMBERED PURCHASE ORDER SYSTEM IMPLEMENTED AND FOLLOWED?	<input type="checkbox"/>

NO EXPLANATION REQUIRED	Y/N
1. DO INTERNAL AUDIT PROCEDURES INCLUDE COMPUTER OPERATIONS?	<input type="checkbox"/>
2. IS THERE AN EMPLOYEE OR DEPARTMENT WHOSE SOLE DUTY IS SECURITY?	<input type="checkbox"/>
3. ARE SUSPICIOUS TRANSACTIONS REVIEWED AND INVESTIGATED?	<input type="checkbox"/>
4. IS PHYSICAL ACCESS TO COMPUTER ROOM AND EQUIPMENT RESTRICTED TO AUTHORIZED PERSONNEL?	<input type="checkbox"/>

DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC.	MAXIMUM VALUE

BUSINESS HOURS	AVG # EMPLOYEES ON DUTY	CHECKS STAMPED FOR DEPOSIT ONLY (Y/N)	FREQUENCY OF DEPOSITS	NIGHT DEPOSITORY USED (Y/N)	ANNUAL GROSS SALES OR RECEIPTS FOR LAST FISCAL YEAR	DOES PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS? (Y/N)	OTHER INFORMATION
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

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SAFE/VAULT

MANUFACTURER	LABEL	CLASS	DOOR TYPE		COMBINATION LOCKS			THICKNESS DOOR (EXCL BOLTWORK)	WALL
			ROUND	SQUARE	OUTER	INNER	CHEST		
	UL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	SMNA								
	UL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	SMNA								

MESSENGER PROTECTION

MESS'GR #	# OF GUARDS PER MESSENGER	PRIVATE CONVEYANCE USED? (Y/N)	SAFETY SATCHEL USED? (Y/N)	MESS'GR #	# OF GUARDS PER MESSENGER	PRIVATE CONVEYANCE USED? (Y/N)	SAFETY SATCHEL USED? (Y/N)
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

PREMISES/SAFE PROTECTION

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION		ALARM INSTALLED AND SERVICED BY	# GUARDS	WATCHPERSONS
			SAFE/VAULT	PREMISES			
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/>	<input type="checkbox"/> PARTIAL <input type="checkbox"/> COMPLETE	1 2 3		<input type="checkbox"/> RPT/CENT ST <input type="checkbox"/> CLOCK HRLY <input type="checkbox"/> DON'T SIGNAL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CENTRAL STATION						
<input type="checkbox"/> SAFE	<input type="checkbox"/> POLICE CONNECT <input type="checkbox"/> WITH KEYS						
CERTIFICATE NUMBER		ACCESSIBLE OPENINGS & PROTECTION				OTHER PROTECTION (Fences, Floodlights, etc)	
EXPIRATION DATE:							

REMARKS

ANY PERSON WHO 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY:SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied). IN FLORIDA, 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.