



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

CRIME PROTECTION PLUS APPLICATION
(for limits \$1,000,000 and greater)

Agent:

Name of Applicant: (Include Employee Benefit Plans to be named for ERISA Fidelity Coverage)

Address:

City:

State:

Zip:

Effective Date:

Predominant Business Activity:

SIC Code:

Year Business Started:

Annual Sales or Revenue: \$

Table with 4 columns: Desired Coverage(s), Limit, Deductible. Rows include Insuring Agreement A1 through F with various coverage types like Employee Theft, ERISA Fidelity, Forgery, etc.

Third Party - "Off-Premises" Coverage - Yes No

If yes, please complete the Third Party Crime Protection Plus Supplemental

Coverage on a: Discovery Basis Loss Sustained Basis

Current Insurer: Limit: \$

Deductible: \$ Premium: \$

Loss Experience:

List all crime losses sustained during the last three years whether reimbursed or not. Check here if none:

Date of Loss: Total Amount of Loss: \$

Description of Loss and Corrective Action:

Date of Loss: Total Amount of Loss: \$

Description of Loss and Corrective Action:

To enter more information, please use the separate page attached to the application.

**Classification of Employees:**

	<b>US/Canada</b>	<b>Other Countries</b>	<b>Total</b>
Total Number of Employees*			
Locations (Other than Main Office)			

\*Number of employees that are:    Leased:                      Temporary:                      Non-Compensated:

**Hiring Procedures/Employment Practices:**

- |   |     |    |
|---|-----|----|
| 1. Do you conduct a prior employment check on all new hires?        | Yes | No |
| 2. Do you conduct a criminal background check on all new hires?     | Yes | No |
| 3. Do you conduct a criminal background check on current employees? | Yes | No |
| 4. Are credit reports checked when screening new employees?         | Yes | No |

**Audit Procedures:**

- |  |     |    |
|--|-----|----|
| 1. Are your financial statements prepared by an independent Certified Public Accountant on an annual basis?  | Yes | No |
| <b>If yes, on what basis?</b> Compilation                      Review                      or Audit  |     |    |
| <b>Please attach a copy of your most recent financial statement.</b>   |     |    |
| 2. Are all subsidiaries and locations, or majority-owned and operated companies, included in the audit?  | Yes | No |
| 3. Have all recommendations made by the accountant been adopted?   | Yes | No |
| 4. Do you have an Internal Audit Department?   | Yes | No |
| If not, is there someone who is responsible for internal control procedures?   | Yes | No |
| 5. If any weaknesses are noted, is the department in question notified in writing by the Internal Audit Department and are corrective actions monitored? | Yes | No |

**Internal Controls:**

- |   |     |    |
|---|-----|----|
| 1. Are the owner(s) involved in the daily operations of the company?  | Yes | No |
| 2. Are two signatures required on checks?   | Yes | No |
| If so, over what amount? \$   |     |    |
| If two signatures are not required, who has authority to sign checks? Please provide their name and position:   |     |    |
| 3. Do employees who reconcile the bank statements also:   |     |    |
| a. sign checks?   | Yes | No |
| b. make withdrawals?  | Yes | No |
| c. make deposits?   | Yes | No |
| d. have access to blank checks?   | Yes | No |
| e. have access to computer systems that print checks?   | Yes | No |
| f. have access to facsimile, signature plate, or check-signing machines?  | Yes | No |
| 4. Is a facsimile or signature plate used?  | Yes | No |
| a. Is it kept in a safe?  | Yes | No |
| If not, where is it kept?   |     |    |
| b. Who has access to the plate?   |     |    |
| c. Is a record kept of its use?   | Yes | No |
| 5. Are your internal control systems designed so that no one employee can control a transaction from beginning to end (e.g. approve a voucher, request and sign a check)? | Yes | No |
| 6. How often is blank check stock inventoried?  |     |    |
| By whom?  |     |    |
| 7. Are all incoming checks stamped "For Deposit Only" immediately upon receipt?   | Yes | No |

**Purchasing, Vendor and Inventory Controls:**

- |  |     |    |
|--|-----|----|
| 1. Are perpetual inventories maintained of materials and supplies and periodically verified by physical count? | Yes | No |
| 2. Do you have a security alarm system and video camera to protect your inventory in all locations?            | Yes | No |

- 3. Are background checks performed on vendors in order to determine ownership and capability prior to doing business with them? Yes No
- 4. Is the responsibility for authorizing vendors, approving invoices and processing payment segregated among different individuals? Yes No
- 5. Do you have a system to detect payments to fictitious suppliers? Yes No

**Computer Controls:**

- 1. Are pre-authorization controls maintained for all programmers and operators? Yes No
- 2. Are the duties of programmers and operators separated? Yes No
- 3. Are "tests" performed to detect unauthorized programming changes? Yes No
- 4. Are computerized check writing operations segregated from departments that authorize checks? Yes No
- 5. Are passwords and system access immediately terminated for inactive and terminated employees? Yes No

**Wire Transfer Controls: (Skip this section if you do not utilize wire transfers.)**

- 1. Is there one employee responsible for wire transfers? Yes No  
**If yes, what position does this person hold?**  
**If no, who initiates wire transfer requests?**
- 2. What is your average daily number of funds transferred?
- 3. What is the largest single amount that can be transferred? \$
- 4. Are banks required to authenticate the identity of the caller before acting upon the instructions? Yes No  
 If yes, how is this achieved?
  
- 5. Does the receiving financial institution immediately verify the completion of transfer of funds? Yes No  
 If yes, does this verification go to an employee other than the one who initiated the transfer? Yes No
- 6. Are there specific arrangements with the financial institution as to the individuals in your company authorized to:
  - a. transfer funds? Yes No
  - b. request changes in procedures? Yes No
  - c. obtain records? Yes No
- 7. Are independent checks of funds transfer records performed by staff not authorized to handle/instruct such transactions? Yes No

**Money, Securities and Payroll Exposure:**

Please indicate maximum exposure for each location if requesting Insuring Agreement C or D:

Location(s)	Cash	Retail Checks	Credit Card Receipts and Non Retail Checks*	Is there a Safe?	
				Yes	No
	\$	\$	\$	Yes	No
	\$	\$	\$	Yes	No
	\$	\$	\$	Yes	No
	\$	\$	\$	Yes	No

\*A non-retail check is a check presented to you and immediately endorsed "for deposit only" and then recorded in your accounting process so that it could be re-created if it were stolen, lost or destroyed.

**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. 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.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE 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.

**APPLICABLE IN NEW YORK:** 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 SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

## ADDITIONAL INFORMATION

**This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.**

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Signature

Date