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## CRIME PROTECTION PLUS THIRD PARTY SUPPLEMENT

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*This is a supplement to the Philadelphia Insurance Companies Crime Protection Plus Application*

Name of Applicant:

1. What is the name of the client(s) you will be working for?
2. What type of work will be performed for your client(s)?
3. How many employees will be on the premises of your client(s)?
4. Will your employees have access to client money, securities, banking systems, wire transfer systems or any sensitive computer data? Yes    No  
If yes, please provide an explanation:
5. Will your employees be performing services during normal business hours (i.e. 8am-5pm) Yes    No  
If no, at what time will they be performing their work?
6. Will your employees be supervised and / or monitored by your client(s) when performing services on their premises? Yes    No
7. Will your employees be required to wear I.D. badges or carry special identification in order to identify themselves as "non-employees"? Yes    No
8. Do you perform background checks on your employees, including personal references, past employment references, criminal records, drug testing? Yes    No  
If no, please provide an explanation:
9. Are you aware of any incidence of employee theft reported to you by your clients? Yes    No  
If yes, please provide complete details to include a description of the loss, amount of the loss, and corrective measures taken.

10. If this coverage is for one specific client contract, please provide the expected start date and completion date for this contract as well as the contract reference I.D. number (if applicable)

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

I understand information submitted herein becomes a part of my Philadelphia Insurance Companies Crime Protection Plus Application and is subject to the same conditions as stated on the application.

Name (Please Print)

Title

\_\_\_\_\_  
Signature

Date

**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