



CRIME PROTECTION PLUS APPLICATION
(for limits less than \$1,000,000)

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

Address:

City:

State:

Zip code:

Effective dates of current Crime coverage:

Website address: www.

Predominant business activity:

SIC code:

Year business started:

Annual sales or revenue:\$

		Limit	Deductible
Insuring Agreement A1:	Employment Theft and client coverage	\$	\$
Insuring Agreement A2	ERISA Fidelity	\$	\$
Insuring Agreement B:	Forgery or Alteration	\$	\$
Insuring Agreement C:	Theft, Disappearance & Destruction – Inside the Premises	\$	\$
Insuring Agreement D:	Theft, Disappearance & Destruction – Outside the Premises	\$	\$
Insuring Agreement E:	Money Orders and Counterfeit Paper Currency	\$	\$
Insuring Agreement E:	Computer and Funds Transfer Fraud	\$	\$

Third Party – “Off Premises” coverage: Yes No **If yes, complete the Third Party Crime Protection Plus Supplemental**

Coverage on a: Discovery basis:

Loss Sustained basis:

Current Insurer:

Limit: \$

Deductible: \$

Premium: \$

Loss Experience:

1. List all crime losses sustained during the last three (3) 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 addition information section included in the application

Classification of Employees:

	<u>US/Canada</u>	<u>Other Countries</u>	<u>Total</u>
1. Total number of employees*:			
2. Locations: (Other than main office)			
*Number of employees that are:	Leased:	Temporary:	Non-Compensated:

Hiring Procedures / Employment Practices:

1. Do you conduct 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

Internal Controls:

1. Are your financial statements prepared by an independent Certified Public Accountant on an annual basis?	Yes	No
Yes No If yes, on what basis?	Yes	No
2. Are the owner(s) involved in the daily operations of the company?	Yes	No
3. Are two signatures required on checks? If yes, over what amount? \$	Yes	No
If two (2) signatures are not required, who has the authority to sign checks?		
Please provide their name and position:		
4. 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 compute systems that print checks?	Yes	No
f. have access to facsimile, signature plate or check signing machines?	Yes	No
5. Do you have a system to detect payments to fictitious suppliers?	Yes	No

Money, Securities and Payroll Exposures:

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

<u>Locations</u>	<u>Cash</u>	<u>Retail Checks</u>	<u>Credit Card Receipts and Non- Retail Checks*</u>	<u>Is there a safe?</u>	
	\$	\$	\$	Yes	No
	\$	\$	\$	Yes	No
	\$	\$	\$	Yes	No
	\$	\$	\$	Yes	No
	\$	\$	\$	Yes	No

Material Change

If there is any material change to the answers of this Application's questions prior to the policy inception date, the **Applicant** must notify the Underwriter in writing. Any outstanding quotation may be modified or withdrawn.

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, 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: 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 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 COMMITS A FRAUDULENT INSURANCE ACT.

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.

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.**

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRINCIPAL, PARTNER OR OFFICER)

SIGNATURE

DATE

Produced By: (Section to be completed by Producer/Broker)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

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.

Signature

Date