FINANCIAL SURETY UNDERWRITERS

APPLICATION FOR A CRIME PROTECTION POLICY FOR MERCANTILE ENTITIES

This form must be completed for each new policy and at the beginning of each premium period for renewal policies.

Application is hereby made by _____

(Please list all insureds, including Employee Benefit Plans)

Principal Address _____
(Number) (Street) (City) (State) (Zip Code)

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)

1. 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 _____

2. 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.

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(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 ☐

3. 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 _____

4. 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 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
		$	$	$	

5. 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:

Number of		Number of		Number of	
	Accountants and Asst.		Credit Clerks and Managers		Retail Services Counter
	Accountants		Custodians		Personnel
	Adjusters		Delivery Persons		Salespeople
	Administrators and Asst.		Detectives		Security Personnel
	Administrators		Drivers and Drivers' Helpers		Service Station Attendants
	Appraisers and Clerks acting		Food and Beverage Vendors		Shipping Clerks
	as Appraisers		Food and Beverage Service		Stock Clerks
	Attorneys		Personnel that order food		Storeroom Personnel
	Auditors and Asst. Auditors		Freight Handlers		Superintendents and Asst.
	Bartenders		Games of Chance Dealers		Superintendents
	Bookkeepers		Hotel Front Desk Personnel		Supervisors and Asst.
	Bus Drivers		Janitors		Supervisors
	Buyers or Asst. Buyers		Managers and Asst.		Systems Analysts having
	Cashiers and Asst. Cashiers		Managers		access to financial
	Chairpersons		Medical Directors		management computer
	Chauffeurs		Messengers, outside		system
	Collectors		Meter Readers who collect		Taxi Drivers
	Comptrollers and Asst.		Payroll Clerks		Treasurer and Asst. Treasurer
	Comptrollers		Pharmacists		Truck Drivers
			Purchasing Agents or Asst.		Warehouse Personnel
			Purchasing Agents		
			Receiving Clerks		

(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: _____

6. 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. _____

7. 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.)?

_____

_____

8. 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
				$	

9. 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 $ _____

(3) Personal Accounts of your officers or partners:

Names(s)	
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____

(c) Insuring Agreements 3 and 4

(1) Increased or Reduced Limits

	Limit of Insurance	Specified Period
a) If an increased limit is desired for a specified period, indicate:		
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:	$ _____	

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
	$
	$
	$
	$
	$
	$

10. 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 recission of any coverage issued on reliance upon such information.

Dated at _____ this _____ day of _____ , _____

_____ By _____

(Insured) (Name and Title)