

GOVERNMENT CRIME INSURANCE APPLICATION

I. GENERAL INFORMATION

Name Of Insured (Applicant):

Applicant is a:

☐

State

☐

County

☐

City

☐

Town

☐

Township

☐

Village

☐

Borough

☐

School System

☐

Other Political Subdivision (specify):

Applicant's Mailing Address:

Street:

City:

State:

Zip Code:

Applicant's Web Site Address:

Applicant's Annual Budget For Most Recent Fiscal Year: \$

Policy Period Requested:

12:01 AM on:

to 12:01 AM on:

List the Name and Address of any Obligee to be indemnified under this insurance:

Check if none.

☐

List all entities to be covered as Joint Insureds (including Employee Benefit Plans):

Check if none.

☐

(If necessary, attach separate sheet.)

Does any department, board or other entity carry its own separate bond or policy?

Yes

☐

No

☐

If "Yes", please explain:

II. COVERAGE REQUESTED

Complete the following for Insuring Agreements, Limits and Deductibles desired:

Insuring Agreements	Limit Of Insurance	Deductible Amount
1. Fidelity		
a. Employee Theft – Per Loss	\$	\$
b. Employee Theft – Per Employee	\$	\$
Is Faithful Performance Of Duty Coverage desired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes":		
(1) Please provide the statute citation requiring coverage, if any:		
(2) If coverage is to be written in an amount less than 1.a. or 1.b. above, please indicate limit desired:	\$	\$
2. Forgery Or Alteration		
a. Forgery Of Negotiable Instruments	\$	\$
b. Forgery Of Payment Card Instruments	\$	N/A
3. Inside The Premises – Theft Of Money And Securities	\$	\$
4. Inside The Premises – Robbery Or Safe Burglary Of Other Property	\$	\$
5. Outside The Premises	\$	\$
6. Computer And Funds Transfer Fraud	\$	\$
7. Fraudulent Impersonation	\$	\$
8. Money Orders And Counterfeit Money	\$	\$

III. EMPLOYEES, PREMISES AND CARD HOLDERS

Show the number of:

Number of

- A.** Employees located in the United States of America (including its territories and possessions) and Puerto Rico (other than treasurers, tax collectors and persons required by law to be individually bonded who are specifically excluded from coverage) consisting of:
- 1.** Officials/Officers:
 - 2.** Full- and part-time (including seasonal) employees who handle, have custody or maintain records of money, securities or other property:
 - 3.** Department and division heads and assistant department and division heads:
 - 4.** Peace officers (including patrolmen/women):
 - 5.** All other employees not included above:
 - 6. Total** (Items **1.** – **5.** above):
- B.** Premises (other than the head office) located in the United States of America (including its territories and possessions) and Puerto Rico:
- C.** Credit, debit or charge card holders:

IV. UNDERWRITING

Note: For any question answered with "No", attach separate sheet to explain.

A. Audit Procedures

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Is there an annual audit conducted by an independent CPA? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If "Yes": | | | | |
| a. Is it a complete audit made in accordance with generally accepted auditing standards and so certified? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Are all locations included in the audit? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Is the audit provided to a regulatory authority or other governing body? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Were any weaknesses or recommendations for improvement commented on? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If "Yes", have all recommendations made by the accountant been implemented? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Is there an Internal Audit Department that is responsible for the review of all operations? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If "Yes", how many employees are in the Internal Audit Department: | | | | |
| 5. If weaknesses are discovered by the internal auditor, are they reported directly to a regulatory authority or other governing body? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

B. Internal Controls

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Are the same internal controls and informational systems consistent among all locations? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Are internal controls designed so that no employee can control any transaction from beginning to end (for example, approve a voucher, request and sign a check)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Does the Applicant outsource certain services (such as Human Resources, payroll or bill payment, etc.)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If "Yes", does the applicant require or have knowledge that the vendors are bonded or carry crime insurance covering theft of clients' property? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Human Resources And Payroll | | | | |
| 4. Is pre-employment screening performed on all prospective employees? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Are controls in place to prevent persons who approve new hires from adding them to the payroll? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Are additions or changes to the payroll system for new or existing employees automatically reported to a Human Resources manager (or equivalent person) for verification? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Does the Audit Department have a program in place to detect possible ghost employees? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Bank Accounts | | | | |
| 8. Are bank accounts reconciled at least monthly? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. Are bank accounts reconciled by someone not authorized to make deposits, make withdrawals or sign checks? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Incoming Checks And Cash

10. Are all incoming checks stamped "For Deposit Only" upon receipt? Yes ☐ No ☐
11. Are all checks and cash received deposited at least daily? Yes ☐ No ☐
12. Does the Applicant accept virtual currency in payment for goods or services? Yes ☐ No ☐
If "Yes", of all payments received for goods or services, what percentage involves virtual currency transactions? %
Please identify the virtual currency(ies):

Accounts Payable

13. Is countersignature of checks required? Yes ☐ No ☐
If "Yes", above what amount? \$
14. Is a Positive Pay system utilized? Yes ☐ No ☐
15. Are check authorization and check issuance functions separate from one another? Yes ☐ No ☐
16. Are disbursement functions separated from those who have cash receipt or cash refund duties? Yes ☐ No ☐

Accounts Receivable

17. Are at least 20% of accounts receivable periodically verified by contact with the customer? Yes ☐ No ☐

Purchasing, Shipping And Receiving

18. Are purchasing, purchase order approval and payment authorization duties segregated? Yes ☐ No ☐
19. Are all shipping and receiving activities reconciled to applicable sale or purchase activities? Yes ☐ No ☐
20. Does any employee have access to both the purchasing system and the accounts payable system? Yes ☐ No ☐
21. Does the Applicant have a program in place to detect payment to fictitious suppliers? Yes ☐ No ☐

C. Inventory Controls

1. Are all inventory controls and procedures consistent among all locations? Yes ☐ No ☐
2. Is a perpetual inventory maintained for stock (including raw materials and manufactured components), equipment and finished goods? Yes ☐ No ☐
3. Is a physical inventory count conducted at least annually and reconciled with the perpetual inventory system? Yes ☐ No ☐
If "Yes":
a. Is the reconciliation performed by persons not associated with the control of the inventory? Yes ☐ No ☐
b. Are inventory variances outside established parameters reported to auditing? Yes ☐ No ☐

D. Vendor Controls

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is an authorized vendor list utilized and updated annually? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are background checks performed on vendors in order to determine ownership and financial capability? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Is competitive bidding required for all purchases above stated amounts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Is the responsibility for authorizing vendors, approving invoices and processing payments segregated among different employees? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Are requisitions and purchase orders issued only after the approval of specified employees within specified limits? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

E. Computer And Funds Transfer Controls (Complete for Computer And Funds Transfer Fraud Coverage)

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are wire transfer controls and procedures consistent among all locations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are there controls in place so that employees cannot gain access to programs and files for which they have not been granted authorized access? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Are passwords and access codes changed at regular intervals and at separation of employment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Is the computer system supported by intrusion detection software? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Is the authority to initiate and approve wire transfers separated between employees? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Are wire transfers reconciled daily by an employee not involved in approving or initiating the wire transfer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Have approval authorities been established in writing and are they up to date? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. What is the average daily dollar volume of electronic funds transfers? | | |
| \$ | | |

F. Fraudulent Impersonation Controls (Complete for Fraudulent Impersonation Coverage)**Clients**

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does the Applicant have procedures in place to verify new clients prior to initiating any financial transactions with them? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes", check all that apply: | | |
| a. Credit/background check, including D&B Report or similar report | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Bank account information | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Confirmation of physical location | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Other (specify): | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Does the Applicant accept prepayment by clients for goods or services to be delivered or performed at a later date? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does the Applicant have a procedure in place to verify incoming checks with the issuing financial institution to confirm availability of funds prior to delivering goods or performing services or transferring funds by wire? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

4. Does the Applicant have custody or control over any funds or accounts of any client? Yes ☐ No ☐
If "Yes", please explain:
5. Does the Applicant have access to clients' financial systems (such as accounting, payroll or purchasing) or perform bill payment services? Yes ☐ No ☐
If "Yes", please explain:
6. For client-initiated payments, funds transfer instructions, requests to change bank account information or wire transfer information, please indicate the method(s) of communication by which such instructions or requests are received by the Applicant (such as telephone, email, text message, instant message, telefacsimile, in writing, etc.):
7. With regard to Item 6. above, does the Applicant verify such payments, funds transfer instructions, changes in bank account information or changes in wire transfer information by direct call to the client or other prearranged procedure (excluding email) established with the client before acting upon such payment or request? Yes ☐ No ☐
If "Yes", please answer the following:
- a. Is a callback or other verification attempt performed by an employee other than the employee who received the funds transfer instruction or request to change bank account information or wire transfer information? Yes ☐ No ☐
- b. Are funds transfer instructions and other such change requests verified by the Applicant with someone other than the person who initiated the funds transfer instruction or change request? Yes ☐ No ☐
- c. Is a contemporaneous record made of the verification attempt? Yes ☐ No ☐
- d. Does the Applicant refrain from making any funds transfer or change to bank account or wire transfer information until the client has had the opportunity to respond to the Applicant's inquiry regarding the validity of the funds transfer instruction or change in bank account or wire transfer information? Yes ☐ No ☐
8. Does the Applicant require that all funds transfer instructions and changes to bank account or wire transfer information be approved by a supervisor of the person who received such instruction or change request before it is acted upon? Yes ☐ No ☐

Vendors

9. Is all vendor bank information verified by a direct call to the receiving bank prior to the account being established in the Applicant's accounts payable system? Yes ☐ No ☐
10. Are there procedures in place to verify invoices and other payment requests received from the vendor prior to making payment? Yes ☐ No ☐
11. Does the Applicant verify all funds transfer instructions and changes requested by vendors (including changes to bank account information, wire transfer information, invoice charges, telephone and other contact information) by direct call to the vendor or other prearranged procedure (excluding email) established with the vendor before such funds transfer instruction or change request was received? Yes ☐ No ☐

If "Yes", please answer the following:

- a. Is the verification attempt performed by an employee other than the employee who received the change request or instructions to transfer funds? Yes ☐ No ☐
- b. Is a contemporaneous record made of the verification attempt? Yes ☐ No ☐
- c. Does the Applicant require that all such change requests or instructions to transfer funds be approved by a supervisor of the employee who received the change or funds transfer request before it is acted upon? Yes ☐ No ☐

Internal Payment And Funds Transfer Requests

12. Does the Applicant maintain a list of authorized persons (including officials, officers or employees) who are authorized to initiate internal payment requests or funds transfer requests? Yes ☐ No ☐

If "Yes", please answer the following:

- a. Does the Applicant have procedures in place to verify the authenticity of any such payment request or funds transfer request? Yes ☐ No ☐

If "Yes", please describe these procedures:

- b. Does the Applicant require that any internal payment or funds transfer request made by an officer or employee be approved by a supervisor of the person who received such request before it is acted upon? Yes ☐ No ☐
- c. Are all such procedures established and consistently applied across the entire entity? Yes ☐ No ☐
13. Do payment requests or funds transfer requests require dual authorization over a certain amount before being acted upon? Yes ☐ No ☐

If "Yes", what is that amount? \$

V. LOSS HISTORY

Has the Applicant, or other entity to be included as a Joint Insured, sustained any Crime- or Fidelity-related losses during the past three years?

Yes ☐ No ☐

If "Yes", list below all losses that exceed the applicable Deductible Amount shown in Section II. Coverage Requested (attach separate sheet, if necessary):

Date Of Loss:

Type Of Loss:

Amount Of Loss: \$

Amount Paid By Insurance: \$

Describe corrective action taken to prevent similar losses in the future:

Date Of Loss:

Type Of Loss:

Amount Of Loss: \$

Amount Paid By Insurance: \$

Describe corrective action taken to prevent similar losses in the future:

Date Of Loss:

Type Of Loss:

Amount Of Loss: \$

Amount Paid By Insurance: \$

Describe corrective action taken to prevent similar losses in the future:

FRAUD STATEMENTS

Applicable To All Jurisdictions Other Than Those Shown Below

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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.

District Of Columbia

WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive an 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.

Hawaii

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

Kansas

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky

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.

Maine

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.

Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A.** The misinformation is material to the content of the policy;
- B.** We relied upon the misinformation; and
- C.** The information was either:
 - 1.** Material to the risk assumed by us; or
 - 2.** Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

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.

Puerto Rico

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Tennessee

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Vermont

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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 include imprisonment, fines and denial of insurance benefits.

Person Authorized To Complete This Application For The Insured (Applicant):
Name (Print):
Signature:
Title:
Date:
Producer Information:
Name (Print):
Signature:
Agency Name:
Agency Code:
License Number: