

# GOVERNMENT CRIME INSURANCE RENEWAL APPLICATION

I. GENERAL INFORMATION	
Name Of Insured (Applicant):	
Applicant is a:	
<input type="checkbox"/> State	<input type="checkbox"/> County
<input type="checkbox"/> Township	<input type="checkbox"/> Village
<input type="checkbox"/> Other Political Subdivision (specify):	
<input type="checkbox"/> City	<input type="checkbox"/> Town
<input type="checkbox"/> Borough	<input type="checkbox"/> School System
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. <input type="checkbox"/>	
List all entities to be covered as Joint Insureds (including Employee Benefit Plans):	
Check if none. <input type="checkbox"/>	
(If necessary, attach separate sheet.)	
Does any department, board or other entity carry its own separate bond or policy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", please explain:	

**II. COVERAGE REQUESTED**

Are changes in Coverage, Limits or Deductibles desired?    Yes        No   

If "Yes", complete the following:

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

**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**

**A. Audit Procedures**

Has there been any change to audit procedures during the previous policy period?      Yes  No   
If "Yes", please explain:

**B. Internal Controls**

Has there been any change to internal controls during the previous policy period?      Yes  No   
If "Yes", please explain:

**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: