

COMMERCIAL FIDELITY AND FORGERY INSURANCE APPLICATION

I. GENERAL INFORMATION			
Name Of Insured (Applicant):			
Applicant's Predominant Activity:			
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Processor	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Distributor
<input type="checkbox"/> Retailer	<input type="checkbox"/> Servicer	<input type="checkbox"/> Construction	
<input type="checkbox"/> Other (specify):			
Please describe the products or services of Applicant's predominant activity:			
Applicant's Mailing Address:			
Street:			
City:		State:	Zip Code:
Applicant's Web Site Address:			
Date Applicant Was Established:			
Applicant's Latest Fiscal Year-end Revenues:		\$	
Applicant's Latest Fiscal Year-end Net Profit/Loss:		\$	
Policy Period Requested:			
12:01 AM on:		to 12:01 AM on:	
List all entities to be covered as Joint Insureds (including Employee Benefit Plans subject to ERISA):			
Check if none. <input type="checkbox"/>			
(If necessary, attach separate sheet.)			

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	\$	\$	
b. ERISA Plan Official Dishonesty	\$		N/A
c. Employee Theft Of Clients' Property	\$	\$	
2. Forgery Or Alteration			
a. Forgery Of Negotiable Instruments	\$	\$	
b. Forgery Of Payment Card Instruments	\$		N/A
III. EMPLOYEES, ERISA PLAN OFFICIALS, PREMISES AND CARD HOLDERS			
Show the number of:			Number of
A. Employees consisting of:			
1. Employees located in the United States of America (including its territories and possessions) and Puerto Rico:			
a. Officers (whether or not compensated):			
b. Full- and part-time (including seasonal) employees who handle, have custody or maintain records of money, securities or other property:			
c. All other employees not included above:			
2. Employees located in foreign countries:			
a. Officers (whether or not compensated):			
b. Full- and part-time (including seasonal) employees who handle, have custody or maintain records of money, securities or other property:			
c. All other employees not included above:			
3. Total (Items 1. and 2. above):			
B. ERISA Plan Officials (other than independent contractors) consisting of:			
1. Natural person administrators:			
2. Natural person fiduciaries:			
3. Directors, trustees, managers or employees who handle funds or other property of ERISA plans:			
4. Total (Items 1. – 3. above):			
C. Premises (other than the head office):			
1. Located in the United States of America (including its territories and possessions) and Puerto Rico:			
2. Located in foreign countries:			
3. Total (Items 1. and 2. above):			
D. 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 ☐ No ☐
If "Yes":
a. Is it a complete audit made in accordance with generally accepted auditing standards and so certified? Yes ☐ No ☐
b. Are all locations and subsidiaries included in the audit? Yes ☐ No ☐
2. Is there a CPA Management Letter and response by management on internal control weaknesses or recommendations for improvement? Yes ☐ No ☐
If "Yes":
a. Please attach the Management Letter and response.
b. Have all recommendations made by the accountant been implemented? Yes ☐ No ☐
3. Is there an Internal Audit Department that is responsible for the review of all business operations? Yes ☐ No ☐
If "Yes", how many employees are in the Internal Audit Department:
4. If weaknesses are discovered by the internal auditor, are they reported directly to the owner, partners, members (if LLC), Board of Directors or equivalent? Yes ☐ No ☐

B. Internal Controls

1. Are the same internal controls and informational systems consistent among all domestic and foreign locations? Yes ☐ No ☐
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 ☐ No ☐
3. Does the Applicant outsource certain services (such as Human Resources, payroll or bill payment, etc.)? Yes ☐ No ☐
If "Yes", does the Applicant require or have knowledge that the vendors are bonded or carry crime insurance covering theft of clients' property? Yes ☐ No ☐

Human Resources And Payroll

4. Is pre-employment screening performed on all prospective employees both domestically and internationally? Yes ☐ No ☐
5. Are controls in place to prevent persons who approve new hires from adding them to the payroll? Yes ☐ No ☐
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 ☐ No ☐
7. Does the Audit Department have a program in place to detect possible ghost employees? Yes ☐ No ☐

Bank Accounts

8. Are bank accounts reconciled at least monthly? Yes ☐ No ☐

9. Are bank accounts reconciled by someone not authorized to make deposits, make withdrawals or sign checks?

Yes ☐ No ☐

Incoming Checks And Cash

10. Are all incoming checks stamped "For Deposit Only" upon receipt?
11. Are all checks and cash received deposited at least daily?
12. Does the Applicant accept virtual currency in payment for goods or services?
If "Yes", of all payments received for goods and services, what percentage involves virtual currency transactions? %
Please identify the virtual currency(ies):

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Accounts Payable

13. Is countersignature of checks required?
If "Yes", above what amount? \$
14. Is a Positive Pay system utilized?
15. Are check authorization and check issuance functions separate from one another?
16. Are disbursement functions separated from those who have cash receipt or cash refund duties?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

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?
19. Are all shipping and receiving activities reconciled to applicable sale or purchase activities?
20. Does any employee have access to both the purchasing system and the accounts payable system?
21. Does the Applicant have a program in place to detect payment to fictitious suppliers?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

C. Inventory Controls

1. Are all inventory controls and procedures consistent among all domestic and foreign locations?
2. Is a perpetual inventory maintained for stock (including raw materials and manufactured components), equipment, finished goods and scrap?

Yes ☐ No ☐

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 ☐
4. Does the Applicant maintain an inventory of precious metals, gemstones or other high value materials used in the manufacturing or processing of goods? Yes ☐ No ☐
- If "Yes", please describe the security controls in place to protect this property:

D. Vendor Controls

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

E. Client Services Controls (Complete for Employee Theft Of Clients' Property Coverage)

1. Does the Applicant have custody or control over any funds, accounts (such as escrow or trust) or property of clients? Yes ☐ No ☐
- If "Yes", please explain:
2. 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 describe the nature of such access:
3. Does the Applicant perform any services for clients on the clients' premises? Yes ☐ No ☐
- If "Yes", please describe the services being provided:

4. Does the Applicant perform any services for clients off the clients' premises? Yes ☐ No ☐
If "Yes", please describe the services being provided:

5. Do any clients require the Applicant to be bonded or carry crime insurance? Yes ☐ No ☐
If "Yes", please explain and specify the amount required:

V. CHANGE IN MANAGEMENT

Has there been any change in ownership or management within the past three years? Yes ☐ No ☐
If "Yes", please explain:

VI. LOSS HISTORY

Has the Applicant, or other entity to be included as a Joint Insured, sustained any Fidelity- or Forgery-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: