



Commercial Crime Policy Application for Small Businesses

Application is hereby made by _____
 Principal Address _____ City _____ State _____ Zip _____
 Policy Effective Period _____ to _____

1. Insuring Agreement

Limit of Insurance

Deductible

	Limit of Insurance	Deductible
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	\$	\$
7. Loss of Clients' Property	\$	\$
8. Funds Transfer Fraud	\$	\$
9. Fraudulently Induced Transfers	\$	\$
10. ERISA Dishonesty	\$	\$

2. Employees and Locations

Total Employees _____ Total Locations _____

3. Description of your organization

- Date of Establishment _____
- Please describe the products or services of your predominant business or activity.

4. Internal Controls

Yes

No

a. Are bank accounts reconciled monthly?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are bank accounts reconciled by someone not authorized to deposit, withdraw, or write checks?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is countersignature of all checks required? If yes, above what amount? _____	<input type="checkbox"/>	<input type="checkbox"/>
d. Are systems designed so that no single employee can control a transaction from beginning to end (e.g. approve a voucher, request and sign a check)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you screen your employees for prior acts of dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you have a system in place to prevent and detect payments to fictitious vendors?	<input type="checkbox"/>	<input type="checkbox"/>
k. Is there personal supervision of business activities on a daily basis by an Owner?	<input type="checkbox"/>	<input type="checkbox"/>
Does that person	Yes	No
Sign or countersign all checks?	<input type="checkbox"/>	<input type="checkbox"/>
Reconcile all bank accounts?	<input type="checkbox"/>	<input type="checkbox"/>

5. Prior Insurance

Yes No

a. Have any similar insurance been declined or canceled during the past three years?

Yes No

If yes, please explain _____

b. Prior insurance to be superseded

Check if None

Carrier	Effective Date	Expiration Date	Limit	Deductible	Premium

6. Cash and Metals Exposure

Yes No

a. What is the total amount of specified property for all locations combined:

Cash \$ _____

b. Do you handle, store, or use valuable or precious and/or non-precious metals?

Yes No

7. Financial Status (per latest FYE)

Total

% Change from prior year

	Total	% Change from prior year
a. Annual Gross Assets		
b. Annual Gross Sales		
c. Net Profit		
d. Net Worth		

8. Loss History

Enter all claims or occurrences that may give rise to claims for the prior 5 years*

Check if No Losses

Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Claim Status	
				Open	Closed
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*Please attach corrective actions taken if there is previous loss history

NOTICE TO APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Title _____ Date _____