



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_ BLDG #: \_\_\_\_\_

**CRIME SECTION 2000**

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	APPLICANT (FIRST NAMED INSURED)	

COVERAGE	BASIS FOR COVERAGE:	DISCOVERY	LOSS SUSTAINED		
COVERAGE	LIMIT	DEDUCTIBLE	COVERAGE	LIMIT	DEDUCTIBLE
EMPLOYEE THEFT <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$		INSIDE THE PREMISES ROBBERY OR BURGLARY OF OTHER PROPERTY <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$	
ERISA	\$	N / A	OUTSIDE THE PREMISES MONEY AND SECURITIES OTHER PROPERTY <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$	
AGGREGATE	\$				
ERISA EXCESS AMOUNT OVER BLANKET LIMIT	\$			\$	
TOTAL ASSET VALUE	\$			\$	
TOTAL ASSET VALUE (Per Plan)	\$			\$	
EMPLOYEE THEFT GOVERNMENTAL CRIME <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE PER LOSS PER EMPLOYEE	\$		COMPUTER FRAUD	\$	
			FUNDS TRANSFER FRAUD	\$	
FORGERY OR ALTERATION	\$		MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY	\$	
INSIDE THE PREMISES THEFT OF MONEY AND SECURITIES <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$			\$	

**COVERAGE ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

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**ERISA EMPLOYEE THEFT - ADDITIONAL INFORMATION**

NAME OF PLAN	PRINCIPAL ADDRESS	NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS	NUMBER OF PLAN PARTICIPANTS
IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)? (Y / N) <input type="checkbox"/>			

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y / N
1. ARE VOLUNTEERS USED? (If "YES", # of volunteers): _____	
2. ANY EMPLOYEES LEASED TO OTHERS? (If "YES", give number and explain) # OF EMPLOYEES LEASED TO OTHERS: _____	
3. ANY EMPLOYEES LEASED FROM OTHERS? (If "YES", give number and explain) # OF EMPLOYEES LEASED FROM OTHERS: _____	
4. ANY EMPLOYEES PERFORM MONEY INVESTING OR TRADING?	
5. ANY EMPLOYEES RECEIVE OR ISSUE WAREHOUSE RECEIPTS?	
6. ANY EMPLOYEE(S) BEEN CANCELLED FOR CRIME COVERAGE BY ANY INSURER? (Missouri Applicants - Do not answer this question)	
7. DOES APPLICANT HAVE ANY WRITTEN AGREEMENTS WITH CLIENTS?	
8. DOES APPLICANT TRANSFER ANY FUNDS VIA PHONE OR FAX?	
9. ANY EXPOSURE FROM LOSS TO GUEST PROPERTY?	

**CLASSIFICATION OF EMPLOYEES / LOCATIONS**

LIST ALL OFFICERS AND EMPLOYEES (Including those construed to be employees by endorsement), OTHER THAN AGENTS AND PARTNERS, WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY, INCLUDING, IN ANY EVENT, THE POSITIONS LISTED BELOW:

NUMBER OF:	NUMBER OF:	NUMBER OF:	NUMBER OF:
ACCOUNTANTS AND ASSTS	COLLECTORS	LOCKER ROOM ATTENDANTS	STOCK CLERKS
ADJUSTERS	COMPUTER PROGRAMMERS	MAITRE D'S AND ASSTS	STOREKEEPERS
ADMINISTRATORS AND ASSTS	COMPTROLLERS AND ASSTS	MANAGERS AND ASSTS	STOREROOM PERSONNEL
APPRAISERS AND CLERKS ACTING AS APPRAISERS	CREDIT CLERKS AND MANAGERS	MEDICAL DIRECTORS	SUPERINTENDENTS AND ASSTS
ATTORNEYS	CUSTODIANS	MESSENGERS, OUTSIDE	SUPERVISORS AND ASSTS
AUDITORS AND ASSTS	DELIVERY PERSONS	PAYROLL DISTRIBUTORS	TAXI DRIVERS
BOOKKEEPERS	DEMONSTRATORS	PURCHASING AGENTS AND ASSTS	TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES
BUS DRIVERS	DIETITIANS WHO ORDER FOOD	RECEIVING CLERKS	TIMEKEEPERS AND ASSTS
BUYERS AND ASSTS	DRIVERS AND DRIVERS' HELPERS	REFINERY GAUGERS OF OIL COS HANDLING REFINED GASOLINE& OILS	TRUCK DRIVERS
CANVASSERS (Door-to-door salespeople)	FOOD INSPECTORS	SALESPEOPLE	WAREHOUSE PERSONNEL
CASHIERS AND ASSTS	HEAD PHARMACISTS	SECURITY PERSONNEL	WINE CELLAR PERSONNEL
CHAIRPERSONS	INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES	SERVICE STATION ATTENDANTS	WINE STEWARDS/ESSES
CHEFS WHO ORDER FOOD	JANITORS	SHIPPING CLERKS	ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED ABOVE
NUMBER OF OFFICERS:	TOTAL NUMBER OF OTHER EMPLOYEES:	MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS:	ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES:

**HIRING PRACTICES**

NO EXPLANATION REQUIRED	Y / N
1. IS PRIOR EMPLOYER HISTORY CHECKED?	
2. IS EDUCATION AND TRAINING VERIFIED?	
3. IS DRUG TESTING CONDUCTED?	
4. IS A FORMAL TRAINING PROGRAM ESTABLISHED AND FOLLOWED?	
5. ARE CREDIT CHECKS SECURED FOR EMPLOYEES WITH ACCESS TO FINANCIAL TRANSACTIONS?	
6. ARE SOCIAL SECURITY NUMBERS VERIFIED?	
7. IS CRIMINAL HISTORY CHECKED?	
8. ARE MANAGERS PROVIDED WITH NAMES AND SALARIES OF ALL ASSIGNED EMPLOYEES?	

**CONTROLS AND AUDIT PROCEDURES - AUDITS**

NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE	Y / N
1. AUDIT IS PERFORMED BY: <input type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT <input type="checkbox"/> STAFF	
2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT	
3. DATE OF COMPLETION OF LAST AUDIT OF CASH & ACCOUNTS: _____ DATE OF COMPLETION OF LAST AUDIT OF INVENTORY: _____	
4. AUDIT FREQUENCY? <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY	
5. AUDIT REPORT IS RENDERED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNERS <input type="checkbox"/> BOARD OF DIRECTORS	
6. FINANCIAL FORMAT IS: <input type="checkbox"/> AUDIT <input type="checkbox"/> REVIEW <input type="checkbox"/> COMPILATION <input type="checkbox"/> TAX RETURN ONLY	
7. ARE ALL LOCATIONS AUDITED?	
8. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? (If "NO", explain scope of audit)	
9. WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? (If "YES", submit a copy of the audit and auditor's comments).	
10. DOES AUDIT INCLUDE INVENTORY?	
11. ARE REFERENCES OF ALL NEW HIRES CHECKED WITH RESPECT TO EMPLOYMENT HISTORY?	
12. DOES AUDIT DEPARTMENT HAVE A PROGRAM TO DETECT GHOST EMPLOYEES?	
13. IS PAYROLL SYSTEM AUDITED ANNUALLY?	
14. IS A COMPLETE PHYSICAL INVENTORY MADE? (If "YES", how often): _____	
15. IS INVENTORY MADE BY PERSONS WHO DO NOT HAVE CUSTODY CONTROL?	
16. IS A REQUISITION / SHIPPING ORDER REQUIRED FOR REMOVAL OF GOODS FROM STOREROOM / WAREHOUSE?	

**CONTROLS AND AUDIT PROCEDURES - BANKING / OTHER**

NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE		Y / N
1. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW?		
2. IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS?: _____		
3. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES?		
4. ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS?		
5. IS THERE A WRITTEN POLICY REGARDING EFTS?		
6. WHAT IS THE LARGEST SINGLE AMOUNT THAT CAN BE TRANSFERRED?: \$ _____		
7. PRIOR TO FUNDS TRANSFER, DOES FINANCIAL INSTITUTION VERIFY AUTHENTICITY WITH ANOTHER EMPLOYEE?		
8. ARE HARD COPIES OF FUNDS TRANSFER CONFIRMATIONS RECEIVED AND RECONCILED?		
9. FREQUENCY OF DEPOSITS:	<input type="checkbox"/> DAILY <input type="checkbox"/>	
10. ARE DETAILED RECORDS OF BANK DEPOSITS MAINTAINED?		

**MONEY - SECURITIES**

ENTER THE EXPOSURES FOR EACH CATEGORY. AMOUNTS ENTERED SHOULD BE MAXIMUM EXPOSURE.

TYPE	MONEY	CHECKS FOR DEPOSIT	CHECKS FOR ACCOUNTS PAYABLE	PAYROLL CHECKS	MONEY OVERNIGHT	SECURITIES (IN BANK / SAFE DEPOSIT)
INSIDE	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
MESSENGER #1	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
MESSENGER #2	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	

**PURCHASING / RECEIVING CONTROLS**

NO EXPLANATION REQUIRED		Y / N
1. ARE DUTIES SEGREGATED?		
2. ARE DEPARTMENTS SUPERVISED BY SOMEONE NOT AUTHORIZED TO PAY BILLS?		
3. IS RESPONSIBILITY FOR CHECKING MERCHANDISE RECEIVED / CONTROLLED BY MORE THAN ONE INDIVIDUAL?		
4. IS ACTUAL RECEIPT OF MERCHANDISE VERIFIED BEFORE PAYMENT IS MADE?		
5. IS A NUMBERED PURCHASE ORDER SYSTEM IMPLEMENTED AND FOLLOWED?		

**COMPUTER FRAUD CONTROLS**

NO EXPLANATION REQUIRED		Y / N
1. DO INTERNAL AUDIT PROCEDURES INCLUDE COMPUTER OPERATIONS?		
2. IS THERE AN EMPLOYEE OR DEPARTMENT WHOSE SOLE DUTY IS SECURITY?		
3. ARE SUSPICIOUS TRANSACTIONS REVIEWED AND INVESTIGATED?		
4. IS PHYSICAL ACCESS TO COMPUTER ROOM AND EQUIPMENT RESTRICTED TO AUTHORIZED PERSONNEL?		

**PROPERTY**

DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC.	MAXIMUM VALUE

**MISCELLANEOUS INFORMATION**

BUSINESS HOURS	AVG # EMPLOYEES ON DUTY	CHECKS STAMPED FOR DEPOSIT ONLY (Y / N)	FREQUENCY OF DEPOSITS	NIGHT DEPOSITORY USED (Y / N)	ANNUAL GROSS SALES OR RECEIPTS FOR LAST FISCAL YEAR	DOES PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS? (Y / N)	OTHER INFORMATION
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	



