



Clients' Property Questionnaire

Application is hereby made by _____

Principal Address _____ City _____ State _____ Zip _____

Policy Effective Period _____ to _____

Limit of Insurance _____ Deductible _____

General Information

1. What is the name of the client(s) you will be working for?

2. What type of work will be performed for your client(s)? Please provide details below:

3. How many employees will be on the premises of your client(s)? _____

	Yes	No
4. Will you have access to clients' money, securities, banking systems, wire transfer systems, valuable metals, high value inventory or any sensitive computer data?	<input type="checkbox"/>	<input type="checkbox"/>

5. Will your employees be supervised and/or monitored by your client(s) when performing services on their premises?	<input type="checkbox"/>	<input type="checkbox"/>
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6. Do you perform background checks on your employees, including personal references, past employment references, criminal records and drug testing?	<input type="checkbox"/>	<input type="checkbox"/>
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7. Do you have any knowledge of an employee stealing from a client that may give rise to claims for the previous 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
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8. If this coverage is required by a specific contract, what is the expected start date and completion dated of the contract?
Expected state date _____ Expected completion date _____

Financial Status (per latest FYE)

Total

% Change from prior year

a. Annual Gross Assets

b. Annual Gross Sales

c. Net Profit

d. Net Worth

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 _____