



Crime Insurance Renewal Application For Commercial Entities

Name of Insured _____
 Principal Address _____ City _____ State _____ Zip _____

1. Since last renewal, have you changed

	Yes	No
a. Legal Entity Status?	<input type="checkbox"/>	<input type="checkbox"/>
b. External and Internal Controls?	<input type="checkbox"/>	<input type="checkbox"/>
c. Exposures of Money and Securities or property by more than 10%?	<input type="checkbox"/>	<input type="checkbox"/>
d. Predominant business activity?	<input type="checkbox"/>	<input type="checkbox"/>

Note: Please enclose documentation supporting all affirmative answers.

2. Financial Status (per latest FYE)

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

Please submit the following information in support of this application: Latest Annual Fiscal Year End Audited Financials, CPA Letter to Management and Management Response

3. Total Number of Locations

	Non Retail	Retail
a. U.S/Canada		
b. Foreign		

4. Total Number of Employees

	U.S/Canada	Foreign	% Change
a. Class 1 Employees (*)			
b. All Others			
c. Grand Total			

() Class one employees are all officers as well as other employees who handle, have custody or maintain records of money, Securities or other property.*

5. Desired Coverage Changes (Additional information or applications may be required)

Check if no changes

Desired Coverage Changes (Limits/Deductibles)
 Explain

6. Loss History

List all losses sustained during the past annual policy period, whether reimbursed or not.

Check if No Losses

If loss has occurred, please provide the following information as part of your renewal submission:

Date of loss	Description of loss	Amount	Recovery	Corrective Measures

Please attach separate page if needed.

7. Internal Controls

List all changes or revisions to audit or internal control procedures during the previous policy period. **Check if No Changes**

8. Optional Coverage - Kidnap, Ransom & Extortion

If interested in a **Kidnap, Ransom & Extortion** indication, please provide details of any staff travel outside of the United States of America. Include the city and country, number of staff traveling and duration/frequency of travel over the next 12 months.

PLEASE SEE ATTACHED INSURANCE FRAUD WARNING STATEMENT

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** _____