



Crime Insurance Renewal Application For Government Entities

Name of Insured: _____

Principal Address _____ City _____ State _____ Zip _____

1. Since Last Renewal

Yes

No

Have you changed:

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

Annual Gross Assets

Net Profit/Change in Net Assets

Net Worth/Net Assets

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

U.S./ Canada

Foreign

4. Total Number of Employees

U.S./Canada

Foreign

% Change

Class 1 Employees (*)

All Others

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. Loss History

List all losses sustained during the past annual policy period, whether reimbursed or not. Please include any losses within the policy deductible.

☐ 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.

6. Revisions

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

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** _____