



Fidelity and Crime Application for Electronic Security Firms

Name _____
 Principal Address _____ City _____ State _____ Zip _____
 Telephone: () _____

1. Company Information

a. Date Established: _____

b. Company is a:

Corporation Partnership Individual Other _____

c. Branch Offices: _____

d. Officers, Partners or Owners:

Name	Title	Name	Title

e. Total number of employees:

Full Time _____ Part Time _____ Grand Total _____

Breakdown by type of client:

- 1. Residential _____ %
- 2. Commercial _____ %

f. Do you have any contracts or prospective clients who are requesting this coverage? Yes No
If so, please provide details. (Add separate sheet if necessary.)

g. List other entities you may have to be included as named insureds (Not clients.)

(Note: The number of employees must also be included in the Grand Totals as indicated on the front of this application.)

2. Coverage Requested

Effective Date Desired _____	Limit of Insurance	Deductible
1. Employee Dishonesty	\$	\$
2. Forgery or Alteration	\$	\$
3. Inside the Premises	\$	\$
4. Outside the Premises	\$	\$
5. Computer Fraud	\$	\$

2. Coverage Requested *continued*

	Limit of Insurance	Deductible
6. Money Orders and Counterfeit Paper Currency	\$	\$
7. Loss of Client's Property	\$	\$
8. Funds Transfer Fraud	\$	\$

3. Loss History

Yes No

a. Please enter all claims or occurrences that may give rise to claims for the prior 6 years:

Check here if none

Date of Loss	Amount of Loss	Description of Loss

On a separate sheet please advise whether the employee(s) involved have been terminated from their duties and what corrective action has been taken to prevent repetition.

b. Has any Employee Dishonesty, Forgery, Burglary, Robbery, Theft, Disappearance or Destruction Insurance carried by the applicant been declined or cancelled within the last six years by any insurer?

If yes, explain _____

c. Prior Fidelity Coverage:

Check here if none

Coverage	Effective Date	Limit/Deductible	Insurer

4. Internal Controls

Yes No

a. Describe Experience Requirements and Duties of Supervisors: *(Add separate sheet if necessary.)*

b. Are Supervisors required to perform a procedure of random inspections?

If yes, please explain: _____

c. Describe Pre-employment Screening Procedures *(please attach copy of your employment application):*

- Drug screening
 Fingerprint
 Polygraph
 Criminal Records
 Prior Employer Check
 Other _____

Audits/Bank Account Controls

d. How frequently are audits performed? _____

e. By whom (Independent CPA, Public Accountant or Auditor, Staff)? _____

f. Have all recommendations made by the accountant been adopted?

4. Internal Controls *continued*

Yes No

- | | | |
|---|--------------------------|--------------------------|
| g. Are all bank accounts reconciled by someone not authorized to deposit or withdraw?
How often? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Is countersignature of checks required?
If not , by whom signed? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Are vouchers/supporting records stamped "PAID" when checks are signed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Payroll | | |
| j. Is the payroll made up by persons other than those who distribute it to employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Are all persons who are authorized to hire or fire employees prohibited from distributing the payroll? | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Is positive identification required of each person receiving pay? | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Are all changes to the payroll system approved prior to inception by a higher ranking manager at the corporate office? | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Are all persons who are authorized to make changes to the payroll system prohibited from changing their own status and/or pay in the system? | <input type="checkbox"/> | <input type="checkbox"/> |

5. Exposure

Yes No

- | | | |
|---|--------------------------|--------------------------|
| a. Is there an exposure of precious metals or stones such as gold, silver, industrial diamonds etc. or other high value materials such as computer chips, electronic components, etc.?
If yes , attach a separate listing of such exposures, identify each location and state a maximum value of each location. | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

6. Employee Benefit Plans

- | |
|--|
| a. On a separate sheet, list names of Employee Benefit Plans required to be bonded by Title 1 of the employee Retirement Income Security Act of 1974 to be included hereunder. Show total number of fiduciaries, trustees, administrators, officers or employees who are not Employees of the Insured.
If no plans are covered , so state: _____ |
|--|

7. Vendor Information

Yes No

- | | | |
|---|--------------------------|--------------------------|
| a. Are background checks performed on vendors in order to determine ownership and financial capability prior to doing business with them? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is an authorized vendor list utilized and updated for all annual purchases, with competitive bidding required over stated amounts? | <input type="checkbox"/> | <input type="checkbox"/> |

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** _____