

Commercial Crime Policy Application for Small Businesses

Apı	olication is hereby made by	I Insureds, including any Empl	ovee Renefit Plai	n(s) to he	covered)	
Prir	ncipal Address					
Policy Effective Period						
		Limit of Insurance				
1.	Insuring Agreement	Per Occurrence		Deduct	tible	
1.	Employee Dishonesty	\$	\$			
2.	Forgery or Alteration	\$	\$			
3.	Inside the Premises	\$	\$			
4.	Outside the Premises	\$	\$			
5.	Computer Hacking	\$	\$			
6.	Money Orders and Counterfeit Paper Cash	\$	\$			
7.	Loss of Clients' Property	\$	\$			
8.	Funds Transfer Fraud	\$	\$			
9.	Fraudulently Induced Transfer (available upon request)	\$	\$			
10.	ERISA Fraud or Dishonesty	\$	\$			
2.	Employees and Locations					
Tot	al Employees Independent Contra	actors To	otal Locations _			
3.	Description of your organization					
a.	Date of Establishment					
b.	Please describe your predominant business or activity					
4.	Internal Controls			Yes	No	
a.	Are bank accounts reconciled monthly?					
b.	Are bank accounts reconciled by someone not authorized to deposit, withdraw, or write checks?					
c.	Are vouchers/supporting records stamped "PAID" when checks are signed?					
d.	Do you maintain a list of approved vendors?					
e.	Is countersignature of all checks required?					
	If yes, above what amount?	_				
f.	Are systems designed so that no single employee can control a transaction from beginning to end (e.g. approve a voucher, request and sign a check)?					
g.						
h.	Are all shipping and receiving activities reconciled to all applicable sale/purchase orders?					
i	Do you have a system in place to prevent and detect payments to fictitious vendors?			П	П	

	. Internal Controls Continued					Yes	No
j.	Is all purchasing centralized out of your main office?						
k.	Is there personal supervision of business activities on a daily basis by an Owner? Does that person Yes No						
	Deposit all cash r	receipts?		Reconcile all bar	nk accounts?		
	Sign or countersi	gn all checks?		Verify shipping ar	nd receiving activities?		
	Check petty cash	periodically?		Review journal e	entries?		
l.	Is segregation of dutie	egregation of duties performed in the following					
	Inventory managemen	nt?		Oversight of che			
	Vendor approval?			Shipping and red	ceiving?		
5.	Prior Insurance					Yes	No
a.	Have any similar insurance been declined or canceled during the past three years?						
	If yes, please explain						
b.	Prior insurance to be	Prior insurance to be superseded			☐ Check if None		
	Carrier	Effective Date	Expiration D	ate Limit	Deductible	Pre	emium
6.	Cash and Metals E	YNOSUITA				Yes	No
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a.	What is the total amou		roperty for all	locations combined:			
	What is the total amou	unt of specified p	-	locations combined:	edit Card Receipts \$ _		
	What is the total amor	unt of specified p	I Checks \$				
a.	What is the total amor	unt of specified p Retai or use valuable o	I Checks \$	Cred			
a.	What is the total amount Cash \$ Do you handle, store,	unt of specified p Retai or use valuable o e our Metals Que	I Checks \$	Creduction of the control of t	als?		
a.	What is the total amount Cash \$ Do you handle, store, If yes, please complete	unt of specified p Retai or use valuable o e our Metals Que	I Checks \$	Creduction of the control of t	als?		
a. b.	What is the total amount Cash \$	unt of specified p Retai or use valuable o e our Metals Que	I Checks \$	Creduction of the control of t	als?		
a. b. 7. a.	What is the total amount Cash \$	unt of specified p Retai or use valuable o e our Metals Que	I Checks \$	Creduction of the control of t	als?		
a. b. 7. a. b.	What is the total amount Cash \$	unt of specified p Retai or use valuable o e our Metals Que	I Checks \$	Creduction of the control of t	als?		
a. b. 7. a. b. c.	What is the total amount Cash \$	unt of specified p Retai or use valuable o e our Metals Que	I Checks \$	Creduction of the control of t	als?		
a. b. 7. a. b. c. d.	What is the total amount Cash \$	unt of specified p Retai or use valuable o e our Metals Ques	I Checks \$ or precious and stionnaire (ava	d/or non-precious met	als?		n prior year
a. b. 7. a. b. c. d. 8.	What is the total amore Cash \$	unt of specified p Retai or use valuable o e our Metals Ques	I Checks \$ or precious and stionnaire (ava	d/or non-precious met ilable upon request)	als?	□ % Change fron	n prior year
a. b. 7. a. b. c. d. 8.	What is the total amore Cash \$	unt of specified p Retai or use valuable of e our Metals Ques or latest FYE)	I Checks \$ or precious and stionnaire (ava	d/or non-precious met ilable upon request)	als? Total *	□ % Change fron □ Check if Claim	n prior year No Losses Status
a. b. 7. a. b. c. d. 8.	What is the total amore Cash \$	unt of specified p Retai or use valuable of e our Metals Ques or latest FYE)	I Checks \$ or precious and stionnaire (ava	d/or non-precious met ilable upon request)	als? Total *	□ Check if Claim Open	n prior year No Losses Status Closed

Fraud Statements

Applicable in AL, AR, LA, NM, RI, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

Applicable in C0, ME, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy- holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicable in MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in 0H: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in 0K: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in 0R: This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto. All statements made by or on behalf of the insured, in the absence of fraud, shall be deemed representations and not warranties. No such statements that arise from an error in the application shall be used in defense of a claim under the policy unless: (a) The statements are contained in a written application; and (b) A copy of the application is indorsed upon or attached to the policy when issued. In order to use any representation by or on behalf of the insured in defense of a claim under the policy, the insurer must show that the representations are material and that the insurer relied on them.

Fraud Statements Continued

Applicable in PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in other states: Your policy may be void in any case of fraud, intentional concealment or misrepresentation of material fact by you in securing this insurance.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature	 Title	Date
Producer Signature	Title	Date