

## APPLICATION FOR A CRIME PROTECTION POLICY FOR PUBLIC ENTITIES

Named Insured: \_\_\_\_\_

Principal Address: \_\_\_\_\_

Policy Coverage offered: Crime Protection Policy for Public Entities, **Loss Sustained form**

This policy will be Primary  Excess  If EXCESS, enter Primary Policy # and carrier:

### INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES

INSURING AGREEMENTS	Limit of Insurance	Deductible Amount
1. Employee Dishonesty	\$	\$
Per Employee (Up to \$25,000)	\$	\$
2. Forgery or Alteration	\$	\$
3. Inside the Premises	\$	\$
4. Outside the Premises	\$	\$
5. Computer Fraud	\$	\$
6. Money Orders and Counterfeit Paper Currency	\$	\$
Insuring Agreements added by Endorsement		
7. Loss of Clients' Property	\$	\$
8. Funds Transfer Fraud	\$	\$

to become effective or to be continued as of 12:01 a.m. on \_\_\_\_\_ to 12:01 a.m. on \_\_\_\_\_

**Premium is payable: Annually**

If this insurance indemnifies an Obligee other than the Named Insured, list below the Obligee name and address:

\_\_\_\_\_

### 1. DESCRIPTION OF YOUR ORGANIZATION:

- (a) Is your organization a part of the government of the (check the appropriate box): State , County , City , Town  Township , Village , Borough , Other Political Subdivision  \_\_\_\_\_
- (b) Is insurance being provided for a School System? ..... Yes  No

### 2. RATING DATA FOR COVERAGE FORMS 1, 2, 5 AND 7

**Note: Persons required by law to be individually bonded and treasurers or tax collectors by whatever title known, are excluded from coverage under Insuring Agreement 1.**

- (a) Classification of Employees: Enter the number total number of all your employees (excluding those that are required by law to be individually bonded): \_\_\_\_\_
- (b) If Faithful Performance of Duty Coverage is desired, enter the number of your Patrolmen/Women: \_\_\_\_\_
- (c) **If Agreement 7 is desired**, please provide the number of employees who handle, have custody of, maintain records of, or have access to, money, securities or other property **owned by your clients**. \_\_\_\_\_

### 3. RATING DATA FOR INSURING AGREEMENTS 3 AND 4

- (a) Indicate the number of locations \_\_\_\_\_
- (b) Indicate the number of outside messengers \_\_\_\_\_
- (c) Do guards accompany each messenger? Yes  No
- (d) Are your premises secured by watchpersons? Yes  No
- (e) Are your premises secured by an alarm system? Yes  No  If Yes, provide details \_\_\_\_\_
- (f) Is a safe used at all locations? Yes  No  If yes, provide details \_\_\_\_\_
- (g) What other measures have been taken to provide physical protection (private conveyance, messenger bags, safe alarms, etc.)? \_\_\_\_\_

**4. AUDIT PROCEDURES:**

- (a) Is there an audit by a CPA, public accountant or equivalent, independent of your organization?  
 Yes  No   
 If "Yes," how often (check the appropriate box): Quarterly , Semi-Annually , Annually
- (b) Name and Address of person or firm performing audit \_\_\_\_\_
- (c) Are all locations audited? ..... Yes  No
- (d) Is the audit made in accordance with generally accepted auditing standards and so certified? Yes  No   
 If "No," explain the scope of the audit \_\_\_\_\_
- (e) Is the audit report rendered to a regulatory authority? ..... Yes  No   
 If "Yes," to whom are the reports rendered? \_\_\_\_\_
- (f) Date of completion of last audit \_\_\_\_\_
- (g) Were any discrepancies or internal control weaknesses commented upon in the audit?..... Yes  No   
 If "Yes," submit a copy of the audit and auditor's comments.
- (h) Is there an internal audit by an Internal Audit Department under the control of an employee who is a public accountant or equivalent? ..... Yes  No   
 If "Yes," to whom are the reports rendered? \_\_\_\_\_

**5. INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):**

- (a) Are bank accounts reconciled monthly? ..... Yes  No
- (b) Are bank accounts reconciled by someone not authorized to deposit or withdraw? ..... Yes  No   
 If "No," explain: \_\_\_\_\_
- (c) Is countersignature of checks required? ..... Yes  No   
 If "No," explain: \_\_\_\_\_
- (d) Does supporting documentation accompany all checks to be signed?..... Yes  No   
 If "No," explain: \_\_\_\_\_
- (e) Are securities subject to joint control of two or more responsible employees?..... Yes  No   
 If "No," explain: \_\_\_\_\_
- (f) Explain your screening procedures for new employees \_\_\_\_\_

**6. PRIOR INSURANCE:**

- (a) Has any similar insurance been declined or cancelled during the past three years?..... Yes  No   
 If "Yes," explain \_\_\_\_\_
- (b) Prior insurance to be superseded ..... Check if none

Policy Number	Policy form was: Discovery? Loss Sustained?	Effective Date	Expiration Date	Limit of Insurance	Name of Insurance Company
				\$	

**7. PRIOR LOSSES:**

- (a) List below all losses sustained during the past three years that were caused by: employee dishonesty, forgery, theft of money or securities on or off the premises, computer fraud or counterfeit currency. Please list all losses, whether reimbursed or not. .... Check if none

Date of Loss	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Amount Recovered from other than Insurance	Amount of Loss Pending
		\$	\$	\$	\$
		\$	\$	\$	\$

*NOTE: If more than 2 losses, please attach a separate sheet describing the loss details.*

**8. COVERAGE AMENDMENTS (ENDORSEMENTS)**

**INSURING AGREEMENT 1**

(a) Agents Coverage:

If insurance is desired on any of your appointed or elected **Agents**, whether they are persons, partnerships or corporations while performing any act or service in connection with the ordinary function of your organization, complete the following:

<u>Capacity in Which Each Agent Serves:</u>	<u>Limit of Insurance</u>
_____	\$ _____
_____	\$ _____

***\* If more than two agents, attach a separate sheet to provide the details.***

**INSURING AGREEMENT 3 and 4:**

(a) Peak Season:

1) If an increased limit is desired for a specified period, indicate:

	<u>Increased Limit</u>	<u>Specified Period (mm/dd/yy)</u>	
	<u>Of Insurance</u>	<u>Start Date:</u>	<u>End Date:</u>
Insuring Agreement 3	\$ _____	_____	_____
Insuring Agreement 4	\$ _____	_____	_____

2) If a decreased limit is desired while the business is closed and a custodian is not on duty, indicate: \$ \_\_\_\_\_

(b) Schedule Coverage

If schedule coverage is desired, complete the following: **(or attach a sheet to list more locations):**

Address of Premises	Insuring Agreement 3 Limit of Insurance	Insuring Agreement 4 Limit of Insurance	Number of Armored Motor Vehicles	Number of Messengers

**The present officials/officers and employees of the Insured, in the positions held, as shown herein, have, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Insured indicated that any of the said officials/officers or employees are dishonest. Such knowledge that any official or officer signing for the Insured may now have in respect to his or her own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ By \_\_\_\_\_  
(Insured) (Name and Title)

**SUBMITTING AGENCY'S INFORMATION**

**Contact Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**FRAUD STATEMENT**

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 AND MAY SUBJECT THAT PERSON TO CRIMINAL AND/OR CIVIL PENALTIES. PENALTIES MAY INCLUDE CONFINEMENT IN PRISON, FINES AND DENIAL OF INSURANCE BENEFITS.