

COMMERCIAL CRIME APPLICATION

Required documents, in addition to this application:

- Most recent annual financial statements

APPLICANT INFORMATION

Legal name of Applicant:	
Mailing Address:	
Primary Location Address:	

Date Established:		Website:	
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Legal Structure:		
Sole proprietorship	Partnership	Joint Venture
Limited Liability Company	Limited Liability Partnership	Other

COVERAGE REQUESTED

Policy Period:	From:		To:	
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Insuring Agreement (check if requested):	
Employees and Plan Officials	Forgery
Employee Theft	Computer System Fraud
Client Theft	Funds Transfer Fraud
ERISA Fraud or Dishonesty	Social Engineering Fraud
Premises	Money Orders and Counterfeit Money Fraud
In Transit	

GENERAL INFORMATION

1. Description of Applicant's Business:
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2. Employee Count and Locations	US	Foreign	Total
# of Employees			
# of Independent Contactors			
# of Locations			

3. Financial Information	
Annual Revenues:	\$



Net Income:	\$
Total Assets:	\$

4. Scope of Financial Statement Preparation (check all that apply):			
Internal Preparation	CPA Compilation	CPA Review	
CPA Audit	None	Other:	

5. Has the outside auditor stated there have been any material weaknesses in the Applicant's systems of internal controls?	Yes	No
If "Yes," please attach an explanation and provide the latest CPA letter to management and management's response.		

6. Does the applicant have an internal audit department?	Yes	No
If yes, how many members of the department are there?		

COMMERCIAL CRIME INFORMATION

7. Employees. Does the Applicant:		
a. Have a fraud reporting mechanism (such as telephone hotline or anonymous reporting) used to report allegations of fraud?	Yes	No
b. Perform criminal background checks on all new hires?	Yes	No
c. Perform credit checks for roles with access to cash/financial systems?	Yes	No
d. Perform drug tests on all new hires?	Yes	No
e. Have a procedure in place to ensure the Code of Ethics/Conduct policies have been read and understood by all employees? (Examples: employee signatures, electronic testing)	Yes	No
f. Provide fraud awareness training for managers and employees?	Yes	No
g. Train employees on privacy, information security, and related issues annually?	Yes	No
h. Have all expense reports reviewed by a supervisor or someone knowledgeable of the employee's itineraries?	Yes	No
i. Immediately cancel and deny access to sensitive data (building access, corporate credit cards, computer systems, etc..)?	Yes	No
j. Subject all independent contractors to the same internal control procedures that apply to employees?	Yes	No

8. Banking Duties. Does the Applicant:		
a. Completely segregate all accounting duties such that no one person can complete a financial transaction (such as check payments, wire and electronic transfers) from beginning to end by themselves without the involvement of another person?	Yes	No
b. Perform a monthly reconciliation of all bank accounts by someone who does not handle deposits, sign checks or have access to electronic or mechanical signatures?	Yes	No
c. Require countersignatures/multiple signatures on checks?	Yes	No

9. Inventory , Does the Applicant:		
a. Use a competitive bidding process for high value supplies and services, including IT, legal, and professional services?	Yes	No
b. Conduct physical inventory counts at least annually and reconcile results with a perpetual inventory system by someone not associated with the control of inventory?	Yes	No
c. Perform a perpetual inventory audit for materials that of high value?	Yes	No
d. Have custody, access to or control of any clients' funds, accounts, computer systems, or tangible goods? If yes, what physical and internal controls are in place to prevent and detect Employee Theft losses involving your client's funds/property?	Yes	No

10. Vendors . Does the Applicant:		
a. Have procedures in place to verify the existence and ownership of all vendors prior to doing business with them?	Yes	No
b. Require vendor verification to be performed by someone other than the requestor?	Yes	No
c. Maintain an authorized vendor list?	Yes	No
d. Require all additions, removals, and changes to the master vendor list or accounts payable system be performed by a person not authorized to make or process payments?	Yes	No

11. Social Engineering . Does the Applicant:		
a. Maintain a documented policy and written procedure that requires employees to attempt to verify all requests to change, modify or update to a supplier's bank account and/or contact information by making a phone call to a number previously on file with the Applicant?	Yes	No
b. Maintain a documented policy and written procedure that requires all outgoing wire transfers or ACH payments be entered by one employee and then approved by two other employees (at least one of whom is an Executive)?	Yes	No
c. Prevent Wire Transfer authority to be delegated to anyone verbally or in writing?	Yes	No
d. Employ Multifactor Authentication (MFA) on all external access to the Applicant's computer systems, including Office 365 and other cloud-based email?	Yes	No
e. Require passwords and access codes to be changed regularly and at termination of employment?	Yes	No

LOSS HISTORY

For any "Yes" answers to the following questions, please provide detailed information in the Supplemental Information section of this application or provide separate attachments.

12. Are you being cancelled or non-renewed by your current insurer?	Yes	No
13. Has any insurance company ever rescinded, cancelled or non-renewed any Crime Coverage or similar insurance for the applicant? If "Yes", please explain in the space provided below.	Yes	No



<p>14. In the last five (5) years, has the Applicant had any theft, burglary, forgery, computer fraud, social engineering fraud or any other crime loss, whether or not insured, that would fall within the scope of the proposed insurance? If "Yes", please complete supplemental claim/incident form for each.</p>	Yes	No
<p>15. Is the applicant, any subsidiary or affiliate, or any director, officer, employee or any other person proposed for this insurance aware of any known theft, burglary, forgery, computer fraud, social engineering fraud or any other crime loss that has not yet been reported to an insurer? If "Yes", please complete supplemental claim/incident form for each.</p>	Yes	No

SUPPLEMENTAL INFORMATION

Please use this section to provide additional details for Questions 12-15, or for any other questions requiring additional space for answers.

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO CALIFORNIA INSURED: 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 the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any



insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: 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.

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

NOTICE TO MAINE APPLICANTS: 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, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.



All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant Signature _____

(Must be signed by an owner, principal, partner or officer)

Title: _____

Date: _____