



AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

CRIME SECTION

Complete ACORD 141 for each Location

DATE (MM/DD/YYYY)

| | | |
|---------------|----------------|---------------------------------|
| AGENCY | CARRIER | NAIC CODE |
| POLICY NUMBER | EFFECTIVE DATE | APPLICANT (FIRST NAMED INSURED) |

| COVERAGE | BASIS FOR COVERAGE: | DISCOVERY | LOSS SUSTAINED | LIMIT | DEDUCTIBLE |
|--|---------------------|-----------|--|-------|------------|
| EMPLOYEE THEFT <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE | \$ | | INSIDE THE PREMISES ROBBERY OR BURGLARY OF OTHER PROPERTY <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE | \$ | |
| <input type="checkbox"/> ERISA PER OCCURRENCE AGGREGATE ERISA EXCESS AMOUNT OVER BLANKET LIMIT TOTAL ASSET VALUE TOTAL ASSET VALUE (Per Plan) | \$ | N / A | OUTSIDE THE PREMISES MONEY AND SECURITIES OTHER PROPERTY <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE | \$ | N / A |
| EMPLOYEE THEFT GOVERNMENTAL CRIME <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE <input type="checkbox"/> PER LOSS <input type="checkbox"/> PER EMPLOYEE | \$ | | COMPUTER FRAUD FUNDS TRANSFER FRAUD MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY | \$ | |
| FORGERY OR ALTERATION | \$ | | | \$ | |
| INSIDE THE PREMISES THEFT OF MONEY AND SECURITIES <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE | \$ | | | \$ | |

COVERAGE ENDORSEMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ERISA EMPLOYEE THEFT - ADDITIONAL INFORMATION

| | | | |
|--|----------------------------|---|-----------------------------|
| NAME OF PLAN | PLAN ADMINISTRATOR ADDRESS | NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS | NUMBER OF PLAN PARTICIPANTS |
| IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)? (Y / N) <input type="checkbox"/> | | | |

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | Y / N |
|---|-------|
| 1. ARE VOLUNTEERS USED? (If "YES", # of volunteers): _____ | |
| 2. ANY EMPLOYEES LEASED TO OTHERS? (If "YES", give number and explain) # OF EMPLOYEES LEASED TO OTHERS: _____ | |
| 3. ANY EMPLOYEES LEASED FROM OTHERS? (If "YES", give number and explain) # OF EMPLOYEES LEASED FROM OTHERS: _____ | |
| 4. ANY EMPLOYEES PERFORM MONEY INVESTING OR TRADING? | |
| 5. ANY EMPLOYEES RECEIVE OR ISSUE WAREHOUSE RECEIPTS? | |
| 6. ANY EMPLOYEE(S) BEEN CANCELLED FOR CRIME COVERAGE BY ANY INSURER? (Missouri Applicants - Do not answer this question) | |
| 7. DOES APPLICANT HAVE ANY WRITTEN AGREEMENTS WITH CLIENTS? | |
| 8. DOES APPLICANT TRANSFER ANY FUNDS VIA PHONE OR FAX? | |
| 9. ANY EXPOSURE FROM LOSS TO GUEST PROPERTY? | |

CLASSIFICATION OF EMPLOYEES / LOCATIONS

LIST ALL OFFICERS AND EMPLOYEES (Including those construed to be employees by endorsement), OTHER THAN AGENTS AND PARTNERS, WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY, INCLUDING, IN ANY EVENT, THE POSITIONS LISTED BELOW:

| NUMBER OF: | NUMBER OF: | NUMBER OF: | NUMBER OF: |
|--|---|---|---|
| ACCOUNTANTS AND ASSTS | COLLECTORS | LOCKER ROOM ATTENDANTS | STOCK CLERKS |
| ADJUSTERS | COMPUTER PROGRAMMERS | MAITRE D'S AND ASSTS | STOREKEEPERS |
| ADMINISTRATORS AND ASSTS | COMPTROLLERS AND ASSTS | MANAGERS AND ASSTS | STOREROOM PERSONNEL |
| APPRAISERS AND CLERKS ACTING AS APPRAISERS | CREDIT CLERKS AND MANAGERS | MEDICAL DIRECTORS | SUPERINTENDENTS AND ASSTS |
| ATTORNEYS | CUSTODIANS | MESSENGERS, OUTSIDE | SUPERVISORS AND ASSTS |
| AUDITORS AND ASSTS | DELIVERY PERSONS | PAYROLL DISTRIBUTORS | TAXI DRIVERS |
| BOOKKEEPERS | DEMONSTRATORS | PURCHASING AGENTS AND ASSTS | TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES |
| BUS DRIVERS | DIETITIANS WHO ORDER FOOD | RECEIVING CLERKS | TIMEKEEPERS AND ASSTS |
| BUYERS AND ASSTS | DRIVERS AND DRIVERS' HELPERS | REFINERY GAUGERS OF OIL COS HANDLING REFINED GASOLINE & OILS | TRUCK DRIVERS |
| CANVASSERS (Door-to-door salespeople) | FOOD INSPECTORS | SALESPEOPLE | WAREHOUSE PERSONNEL |
| CASHIERS AND ASSTS | HEAD PHARMACISTS | SECURITY PERSONNEL | WINE CELLAR PERSONNEL |
| CHAIRPERSONS | INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES | SERVICE STATION ATTENDANTS | WINE STEWARDS/ESSES |
| CHEFS WHO ORDER FOOD | JANITORS | SHIPPING CLERKS | ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED ABOVE |
| NUMBER OF OFFICERS: | TOTAL NUMBER OF OTHER EMPLOYEES: | MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS: | ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES: |

HIRING PRACTICES

| NO EXPLANATION REQUIRED | Y / N |
|---|-------|
| 1. IS PRIOR EMPLOYER HISTORY CHECKED? | |
| 2. IS EDUCATION AND TRAINING VERIFIED? | |
| 3. IS DRUG TESTING CONDUCTED? | |
| 4. IS A FORMAL TRAINING PROGRAM ESTABLISHED AND FOLLOWED? | |
| 5. ARE CREDIT CHECKS SECURED FOR EMPLOYEES WITH ACCESS TO FINANCIAL TRANSACTIONS? | |
| 6. ARE SOCIAL SECURITY NUMBERS VERIFIED? | |
| 7. IS CRIMINAL HISTORY CHECKED? | |
| 8. ARE MANAGERS PROVIDED WITH NAMES AND SALARIES OF ALL ASSIGNED EMPLOYEES? | |

CONTROLS AND AUDIT PROCEDURES - AUDITS

| NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE | Y / N |
|--|-------|
| 1. AUDIT IS PERFORMED BY: <input type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT <input type="checkbox"/> STAFF | |
| 2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT | |
| 3. DATE OF COMPLETION OF LAST AUDIT OF CASH & ACCOUNTS: _____ DATE OF COMPLETION OF LAST AUDIT OF INVENTORY: _____ | |
| 4. AUDIT FREQUENCY? <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY | |
| 5. AUDIT REPORT IS RENDERED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNERS <input type="checkbox"/> BOARD OF DIRECTORS | |
| 6. FINANCIAL FORMAT IS: <input type="checkbox"/> AUDIT <input type="checkbox"/> REVIEW <input type="checkbox"/> COMPILATION <input type="checkbox"/> TAX RETURN ONLY | |
| 7. ARE ALL LOCATIONS AUDITED? | |
| 8. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? (If "NO", explain scope of audit) | |
| 9. WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? (If "YES", submit a copy of the audit and auditor's comments). | |
| 10. DOES AUDIT INCLUDE INVENTORY? | |
| 11. ARE REFERENCES OF ALL NEW HIRES CHECKED WITH RESPECT TO EMPLOYMENT HISTORY? | |
| 12. DOES AUDIT DEPARTMENT HAVE A PROGRAM TO DETECT GHOST EMPLOYEES? | |
| 13. IS PAYROLL SYSTEM AUDITED ANNUALLY? | |
| 14. IS A COMPLETE PHYSICAL INVENTORY MADE? (If "YES", how often): _____ | |
| 15. IS INVENTORY MADE BY PERSONS WHO DO NOT HAVE CUSTODY CONTROL? | |
| 16. IS A REQUISITION / SHIPPING ORDER REQUIRED FOR REMOVAL OF GOODS FROM STOREROOM / WAREHOUSE? | |

AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

[Empty box for remarks]

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and 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 denial of insurance benefits. *Applies in ME Only.

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 OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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.

| | | |
|-----------------------|--------------------------------|--|
| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida) |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |