



PHILADELPHIA
INSURANCE COMPANIES

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CRIME PROTECTION PLUS APPLICATION
(for limits less than \$1,000,000)

Agent: _____

Name of Applicant: (Include Employee Benefit Plans to be named for ERISA Fidelity Coverage)

Address: _____

City: _____ State: _____ Zip: _____

Effective Date: _____

Predominant Business Activity:

SIC Code: _____

Year Business Started: _____ Annual Sales or Revenue: \$ _____

Desired Coverage(s):	Limit	Deductible
Insuring Agreement A1: Employee Theft and Client Coverage	\$ _____	\$ _____
Insuring Agreement A2: ERISA Fidelity	\$ _____	\$ _____
Insuring Agreement B: Forgery or Alteration	\$ _____	\$ _____
Insuring Agreement C: Theft, Disappearance & Destruction - Inside the Premises	\$ _____	\$ _____
Insuring Agreement D: Theft, Disappearance & Destruction - Outside the Premises	\$ _____	\$ _____
Insuring Agreement E: Money Orders and Counterfeit Paper Currency	\$ _____	\$ _____
Insuring Agreement F: Computer and Funds Transfer Fraud	\$ _____	\$ _____

Third Party – “Off-Premises” Coverage: Yes No **If yes, please complete the Third Party Crime Protection Plus Supplemental**

Coverage on a : Discovery Basis Loss Sustained Basis

Current Insurer: _____ Limit: \$ _____
Deductible: \$ _____ Premium: \$ _____

Loss Experience:

List all crime losses sustained during the last three years whether reimbursed or not. Check here if none:

Date of Loss: _____ Total Amount of Loss: \$ _____

Description of Loss and Corrective Action: _____

Date of Loss: _____ Total Amount of Loss: \$ _____

Description of Loss and Corrective Action: _____

To enter more information, please use the separate page attached to the application

Classification of Employees:

	<u>US/Canada</u>	<u>Other Countries</u>	<u>Total</u>
Total Number of Employees*	_____	_____	_____
Locations (Other than Main Office)	_____	_____	_____

*Number of employees that are: Leased: _____ Temporary: _____ Non-Compensated: _____

Hiring Procedures/Employment Practices:

1. Do you conduct a prior employment check on all new hires? Yes No
2. Do you conduct a criminal background check on all new hires? Yes No
3. Do you conduct a criminal background check on current employees? Yes No
4. Are credit reports checked when screening new employees? Yes No

Internal Controls:

1. Are your financial statements prepared by an independent Certified Public Accountant on an annual basis? **If so, on what basis?** Yes No
 Compilation Review or Audit
2. Are the owner(s) involved in the daily operations of the company? Yes No
3. Are two signatures required on checks? If so, over what amount? \$ _____ Yes No
 If two signatures are not required, who has authority to sign checks?
 Please provide their name and position. _____
4. Do employees who reconcile the bank statements also:
 - a. sign checks? Yes No
 - b. make withdrawals? Yes No
 - c. make deposits? Yes No
 - d. have access to blank checks? Yes No
 - e. have access to computer systems that print checks? Yes No
 - f. have access to facsimile, signature plate or check signing machines? Yes No
5. Do you have a system to detect payments to fictitious suppliers? Yes No

Money, Securities and Payroll Exposures:

Please indicate maximum exposure for each location if requesting Insuring Agreement C or D :

<u>Locations</u>	<u>Cash</u>	<u>Retail Checks</u>	<u>Credit Card Receipts and Non- Retail Checks*</u>	<u>Is there a Safe?</u>	
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* A non-retail check is a check presented to you and immediately endorsed "for deposit only" and then recorded in your accounting process so that it could be re-created if it were stolen, lost or destroyed.

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

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 FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERTO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND 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, WHICH IS A CRIME.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKE 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 CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERTO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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 MAINE AND 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 MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

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 OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

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 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.

This application must be signed by the Risk Manager or other person responsible for purchasing insurance.

Name (Please Print)

Title

Signature

Date

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date