

REMIT TO: KATZMAN INSURANCE SERVICES INC.
P.O. BOX 1786, BERLIN, MD 21811
TEL: 800-967-5252, FAX: 410-208-1062



PHILADELPHIA
INSURANCE COMPANIES

e-mail: jack@katzmanins.com

CRIME PROTECTION PLUS APPLICATION
(for limits \$1,000,000 and greater)

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: _____

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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

Audit Procedures:

- 1. Are your financial statements prepared by an independent Certified Public Accountant on an annual basis? **If yes, on what basis?** Yes No
 Compilation Review or Audit
Please attach a copy of your most recent financial statement
- 2. Are all subsidiaries and locations, or majority owned and operated companies, included in the audit? Yes No
- 3. Have all recommendations made by the accountant been adopted? Yes No
- 4. Do you have an Internal Audit Department? If not, is there someone who is responsible for internal control procedures? _____ Yes No
- 5. If any weaknesses are noted, is the department in question notified in writing by the Internal Audit Department and are corrective actions monitored? Yes No

Internal Controls:

- 1. Are the owner(s) involved in the daily operations of the company? Yes No
- 2. 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. _____
- 3. Do employees who reconcile the bank statements also: Yes No
 - 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
- 4. Is a facsimile or signature plate used? Yes No
 - a. Is it kept in a safe? If not, where is it kept? Yes No
 - b. Who has access to the plate? _____ Yes No
 - c. Is a record kept of its use? Yes No
- 5. Are your internal control systems designed so that no one employee can control a transaction from beginning to end? (e.g. approve a voucher, request and sign a check) Yes No
- 6. How often is blank check stock inventoried? _____
 By whom? _____
- 7. Are all incoming checks stamped "For Deposit Only" immediately upon receipt? Yes No

Purchasing, Vendor and Inventory Controls:

1. Are perpetual inventories maintained of materials and supplies and periodically verified by physical count? Yes No
2. Do you have a security alarm system and video camera to protect your inventory in all locations? Yes No
3. Are background checks performed on vendors in order to determine ownership and capability prior to doing business with them? Yes No
4. Is the responsibility for authorizing vendors, approving invoices and processing payments segregated among different individuals? Yes No
5. Do you have a system to detect payments to fictitious suppliers? Yes No

Computer Controls:

1. Are pre-authorization controls maintained for all programmers and operators? Yes No
2. Are the duties of programmers and operators separated? Yes No
3. Are "tests" performed to detect unauthorized programming changes? Yes No
4. Are computerized check writing operations segregated from departments that authorize checks? Yes No
5. Are passwords and system access immediately terminated for inactive and terminated employees? Yes No

Wire Transfer Controls: (Skip this section if you do not utilize wire transfers)

1. Is there one employee responsible for wire transfers? **If yes, what position does this person hold?** _____ Yes No
If no, who initiates wire transfer requests? _____
2. What is your average daily number of funds transferred? _____
3. What is the largest single amount that can be transferred? \$ _____
4. Are banks required to authenticate the identity of the caller before acting upon the instructions? If yes, how is this achieved? Yes No
5. Does the receiving financial institution immediately verify the completion of transfer of funds? Yes No
 If yes, does this verification go to an employee other than the one who initiated the transfer? Yes No
6. Are there specific arrangements with the financial institution as to the individuals in your company authorized to:
 - a. Transfer Funds? Yes No
 - b. Request changes in procedures? Yes No
 - c. Obtain records? Yes No
7. Are independent checks of funds transfer records performed by staff not authorized to handle/instruct such transactions? Yes No

Money, Securities and Payroll Exposure:

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

Location(s)	Cash	Retail Checks	Credit Card Receipts and Non-Retail Checks*	Is there a Safe?
_____	\$ _____	\$ _____	\$ _____	<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.

WARNING: 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.

NOTICE TO NEW YORK 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 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.

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.

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.

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