

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



PHILADELPHIA
INSURANCE COMPANIES

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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

