



**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.

