



Small Crime Commercial Application

(For Limits Less than \$1,000,000)

I. APPLICATION INSTRUCTIONS

Whenever used in this Application, the term "Applicant" shall mean the **Named Insured** and all subsidiaries or other organizations applying for coverage, unless otherwise stated.

II. GENERAL INFORMATION

1. Name of Applicant: _____
(First Named Insured and all additional insureds. Attach separate sheet if necessary.)

2. Principal Address: _____

3. Date Business Established: _____ Latest Fiscal Year End Revenues: _____

4. Effective Date of Coverage: _____

5. Do you want Employee Benefit Plans to be added as Named Insureds? Yes No
If yes, please list Employee Benefit Plans: _____

6. Applying for: Primary Coverage Excess Coverage

7. Description of Organization: Partnership Corporation Proprietorship LLC

8. Predominant Activity: Manufacturer Processor Wholesaler Distributor Retailer
 Service Other (explain) _____

9. Describe the products or services of your predominant activity: _____

10. Who by name and title owns the firm? _____

11. Total number of employees: _____ Number of Officers: _____

12. Number of employees who handle, have custody of, or maintain records of money, securities or other property _____

13. *For Non-Profits:* Number of Non-Compensated Officers, Board Members and the like requiring coverage: _____

14. Number of Domestic Locations:

Manufacturing	Warehouses	Distribution Centers	Retail

15. Foreign Locations:

Country	Type of Operation	Number of Employees	Revenues (if applicable)
			\$
			\$

III. COVERAGE REQUESTED

Coverage Requested	Limit(s) of Liability	Retentions
Fidelity 1. Employee Theft 2. ERISA Fidelity 3. Client Property	\$ \$ \$	\$ \$ \$
Forgery or Alteration	\$	\$
Premises Coverage	\$	\$
Transit Coverage	\$	\$
Computer Crime 1. Computer Fraud 2. Restoration Expense	\$ \$	\$ \$
Funds Transfer Fraud	\$	\$
Credit, Debit or Charge Card Fraud	\$	\$
Money Orders and Counterfeit Money	\$	\$
Personal Accounts Protection 1. Forgery or Alteration 2. Identity Fraud Reimbursement	\$ \$	\$ \$
Investigative Expense	\$	\$
Other Insuring Agreements added by endorsement	\$	\$

IV. CURRENT CRIME INSURANCE INFORMATION

IMPORTANT: The **Insurer** will rely upon the declarations and statements contained in any prior application(s) submitted and the Applicant understands and agrees that those declarations and statements will be incorporated into any policy issued by the **Insurer**.

1. Current Crime Insurance Programs Check if none:

Insurance Carrier	Primary or Excess?	Policy Period:	Limit of Liability	Retention	Expiring Premium
			\$	\$	\$
			\$	\$	\$

2. Do you presently have *any* crime coverage in effect on a Commercial Package Policy or Business Owners' Policy? Yes No

If yes, please provide:

Insurance Carrier	Policy Number	Policy Period	Limit of Liability	Retention
			\$	\$

3. Has any similar insurance been declined or cancelled during the past three years? Yes No

If yes, please explain: _____ (Not applicable in Missouri)

4. Loss Experience: Check if none:

During the last 3 years: *(Attach separate sheet with explanation if necessary.)*

Description of Loss	Date	Amount of Loss	Insurance Recovery	Corrective Action Taken:
			\$	
			\$	
			\$	

V. AUDIT PROCEDURES AND OTHER INTERNAL CONTROLS

1. Is an independent CPA firm involved in the applicant's financial reporting? Yes No
 If yes, what is the level of accounting?
 Audit Review Compilation
2. Are all subsidiaries and locations included in the annual financial report? Yes No N/A
3. Is the audit report rendered directly to the Owners or Board of Directors? Yes No N/A
4. Does the financial report include inventory? Yes No
5. Is there an internal audit by an Internal Audit Department under the control of an employee who is a public accountant or equivalent? Yes No
 If yes, to whom are the reports rendered? _____

6. Are internal audits conducted on a regular and surprise basis and do they cover all locations? Yes No N/A
7. Are bank accounts reconciled at least monthly? Yes No
8. Can the person who reconciles bank accounts also:
 Sign Checks? Yes No
 Have access to check-signing machines or signature plates? Yes No
 Accept Deposits? Yes No
 Prepare Bank Deposits? Yes No
9. Is countersignature required on checks? Yes No
 If "Yes", are all checks countersigned? Yes No
 If "No", over what dollar value is countersignature required? \$_____
10. Are all financial systems structured so that no one individual can control a transaction from beginning to end (segregation of duties)? Yes No

VI. INSIDE & OUTSIDE THE PREMISES EXPOSURE

Maximum Exposure Inside The Premises:

Location	Cash	Checks and Other Securities	Safes?	Alarm System?
	\$	\$	<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
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you use an armored motor vehicle company to transport money or securities? Yes No
If no, please complete the following:

Maximum Exposure Outside The Premises:

Location	Cash	Checks and Securities	Number of Messengers	Number of Guards	Safety Satchel
	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No

VII. NOTICE AND SIGNATURES

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA 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 fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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 provide false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

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 FLORIDA APPLICANTS: 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.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON 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.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO AND RHODE ISLAND 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 OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (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 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 thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

It is understood that the first premium upon the Policy applied for, and subsequent premiums thereon, are due at the beginning of each premium period, that the Underwriter is entitled to additional premiums because of any unusual increase in the number of Employees or Premises and that the Applicant agrees to pay all such premiums promptly. The Employees of the Applicant have all, to the best of the Applicant's knowledge and belief, while in the service of the Applicant always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Applicant indicates that any of the said Employees are dishonest. Such knowledge as any officer signing for the Applicant may now have in respect to his own personal acts or conduct unknown to the Applicant, is not imputable to the Applicant.

Note: This supplemental application must be signed by the Risk Manager or an officer of the **Named Insured**. The Undersigned hereby affirms that the information rendered herein and attached hereto is current, true & complete.

Signature: _____ Date: _____
Name and Title

Hanover Bond No: _____

Agency Code: _____

Produced By: Agent: _____

Agent Signature: _____ Agent License No.: _____

Agency Taxpayer ID or SS No.: _____

Agency: _____

Address (Street, City, State, Zip): _____
