

THIRD PARTY FIDELITY/CRIME APPLICATION

A. GENERAL INFORMATION

1. Name of Applicant: _____
2. Business Address: _____
3. Date established: _____ 4. Total Number of Locations: _____ 5. Total number of employees: _____
6. Describe the products or services of your predominant business or activity: _____
7. Total annual revenues of your organization: \$ _____

B. COVERAGE AND RATING INFORMATION

BLANKET THIRD PARTY COVERAGE: (To be completed if Blanket Coverage for all contracts is desired)

1. Total number of employees for whom Third Party coverage is desired: _____
2. Total number client contracts presently in place: _____
3. Describe services provided by your employees while on the premises of your contracted clients: _____

CONTRACT SPECIFIC THIRD PARTY COVERAGE: (To be completed if Specific Contract Coverage is desired)

1. Name of contracted client: _____
2. Total number of employees you will be providing to the client under the terms of the contract: _____
3. Describe the specific services provided by your employees for the client: _____
4. Are you presently bidding on this contract? Yes _____ No _____
5. Is this contract presently in effect? Yes _____ No _____
If yes, list effective and expiration dates of the contract: _____
6. Annual gross dollar value of the contract: \$ _____

C. UNDERWRITING INFORMATION

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Is there an annual audit or review of your operations performed by an independent CPA?
If yes, date of last audit or review: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you verify the employment background of each prospective employee through personal conversations with all previous employers with whom he or she was employed?
a. If 'yes', how many years of prior employment do you check? _____
b. If 'no', what method is used instead of personal conversations? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. When making background checks on a hired employee, do you obtain: | | |
| a. The employee's and employer's reasons for termination of employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. An explanation for periods of unemployment? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Whether each employment was full-time or part-time? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Statement of arrests, indictments or convictions for any felony or misdemeanor, except minor traffic offenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Denial or revocation of bond by a bonding company due to his/her acts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are any of the following forms of testing used for new employees? | | |
| a. Psychological testing? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Health examinations? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Drug testing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is a personnel file established and maintained for all new and existing employees, which includes a photograph, fingerprint card, documented background investigation, previous employer reference check and credit check?
If 'no', explain what information is maintained: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|--|------------|-----------|
| | YES | NO |
|--|------------|-----------|
6. Are annual reviews conducted by your firm with each contracted client to assess the services provided by your employees? YES NO
 7. Describe experience requirements and duties of supervisors: _____

 8. Will contracted employees have *any* access to the clients' money securities, banking systems, wire transfer systems, sensitive computer data, or inventory?
 If 'yes', please provide details: _____

 9. If services provided include systems consulting, please answer the following:
 - a. Describe the routine supervision of the consulting employees by clients' employees: _____
 - b. Is after hours work performed only with the owner's representative present? YES NO
 - c. What restrictions and controls do the clients maintain over the consultants?

D. COVERAGE AND LOSS INFORMATION

1. Is Blanket Third Party Coverage currently carried with another company? YES NO
 If 'yes', please complete:

Carrier	Limit	Deductible	Expiration Date	Premium
	\$	\$		\$

2. Is Contract Specific Third Party Coverage currently carried with another company? YES NO
 If 'yes', please complete:

Carrier	Limit	Deductible	Expiration Date	Premium
	\$	\$		\$

3. Is Errors & Omissions Insurance currently carried? YES NO
 If 'yes', please complete:

Carrier	Limit	Deductible	Expiration Date	Premium
	\$	\$		\$

4. Has any request for fidelity/crime coverage been declined or has any fidelity/crime coverage been cancelled in the past six years? YES NO
 If 'yes', explain the circumstances: _____

5. List all fidelity/crime losses sustained during the past six years, whether reimbursed or not:
 From: _____ To: _____
 Check if none:

Date of Loss	Type of Loss	Amt. of Loss	Amt. Recovered from Insurance	Amt. Recovered from Other than Insurance	Amount of Loss Pending	Location where Loss Occurred
		\$	\$	\$	\$	

E. ADDITIONAL REQUIRED UNDERWRITING INFORMATION

1. Please attach a specimen copy of the contract issued to all clients.
2. If Contract Specific Coverage is desired, please attach a copy of the specific contract which requires coverage.

THIS INSURANCE APPLIED FOR IS FOR YOUR BENEFIT ONLY. IT PROVIDES NO RIGHTS OR BENEFITS TO ANY CLIENT OR TO ANY OTHER PERSON OR ORGANIZATION.

KENTUCKY FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other 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 insurance act, which is a crime.

MINNESOTA FRAUD WARNING: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW JERSEY FRAUD WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK FRAUD 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 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.

OHIO FRAUD WARNING: 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.

PENNSYLVANIA FRAUD 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.

FLORIDA FRAUD WARNING: 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.

This Section of the application must be signed by the Risk Manager or by an Officer or Owner of the First Named Insured. The Undersigned hereby affirms that the information provided herein and attached hereto is current, true and complete.

Signature: _____ **Title:** _____ **Date:** _____