Bond #

APPLICATION FOR A COMMERCIAL CRIME POLICY FOR MERCANTILE ENTITIES

This form must be completed for each new policy and at the beginning of each premium period for renewal policies.

Agent _____ Agency _____

License Number _____ City/State _____

Application is hereby made by _____

(List all Insureds, including Employee Benefit Plans)

Principal Address _____

(No.) (Street) (City) (State) (Zip Code)

for a **Commercial Crime Policy** with:

Coverage Forms	Limit of Insurance
Coverage Form A - Employee Dishonesty - Blanket ☐	$ _____
Coverage Form A - Employee Dishonesty - Schedule ☐ (see Item 8 on page 4)	
Coverage Form B - Forgery or Alteration	$ _____

to become effective or to be continued as of 12:01 a. m. on _____ to 12:01 a. m. on _____

Premium payable (check the appropriate box): Annual ☐, Three year prepaid ☐ Three equal annual installments ☐, Other ☐ _____

1. DESCRIPTION OF YOUR ORGANIZATION:
   (a) Are you a (check the appropriate box): Proprietorship ☐ Partnership ☐ Corporation ☐
   (b) Date your business was established _____
   (c) Classify your predominant activity (check the appropriate box): Manufacturer ☐ Processor ☐ Wholesaler ☐ Distributor ☐ Retailer ☐ Servicer ☐, Other ☐ _____
   (d) Describe the products or services of your predominant business or activity _____
   (e) Has there been any change in ownership or management within the past three years? Yes ☐ No ☐
   If "yes", explain _____

2. AUDIT PROCEDURES:
   (a) Is there an audit by a CPA, public accountant or equivalent, independent of your organization? Yes ☐ No ☐
   If "Yes", how often (check the appropriate box): Quarterly ☐ Semi-Annually ☐ Annually ☐
   (b) Name and address of person or firm performing audit _____
   (c) Are all locations audited? Yes ☐ No ☐
   (d) Is the audit made in accordance with generally accepted auditing standards and so certified? Yes ☐ No ☐
   If "No", explain the scope of the audit _____
   (e) Is the audit report rendered directly to the proprietor, partners if a partnership or Board of Directors if a corporation? Yes ☐ No ☐
   (f) Date of completion of last audit of: cash and accounts _____ inventory _____
   (g) Were any discrepancies or loose practices commented upon in the audit? Yes ☐ No ☐
   If "Yes", submit a copy of the audit and auditor's comments
   (h) 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", are the reports rendered directly to the proprietor, partners if a partnership or Board of Directors if a corporation Yes ☐ No ☐

3. INTERNAL CONTROL (OTHER THAN AUDIT PROCEDURES):
   (a) Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes ☐ No ☐
   If "No", explain _____

(b) Is countersignature of checks required? Yes ☐ No ☐
If "No", explain _____

(c) Are securities subject to joint control of two or more responsible employees? Yes ☐ No ☐
If "No", explain _____

4. PRIOR INSURANCE:

(a) Has any similar insurance been declined or cancelled during the past three years? Yes ☐ No ☐
If "Yes", explain _____

(b) Prior insurance to be superseded Check if none ☐

Form of Insurance	Effective Date	Expiration Date	Limit of Insurance	Name of Insurance Company
			$	

(c) List below all fidelity and forgery losses sustained during the past three years, whether reimbursed or not from _____ (month, day, year) to _____ (month, day, year) Check if none ☐

Date of Loss	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Amount Recovered from other than Insurance	Amount of Loss Pending	If Loss occurred at other than Head Office, state location
		$	$	$	$	

5. RATING DATA FOR COVERAGE FORM A-BLANKET AND B:

(a) Classification of Employees:

(1) Number of Officers _____

(2) List below the number of employees in the following classifications:

No. of
_____ Accountants and Asst. Accountants
_____ Adjusters
_____ Administrators and Asst. Administrators
_____ Appraisers and Clerks acting as Appraisers
_____ Attorneys
_____ Auditors and Asst. Auditors
_____ Bookkeepers
_____ Bursars and Asst. Bursars
_____ Bus Drivers
_____ Buyers and Asst. Buyers
_____ Canvassers (door-to-door Salespeople)
_____ Cashiers and Asst. Cashiers
_____ Chairpersons
_____ Chauffeurs
_____ Checkers, food and beverage
_____ Chefs who order food
_____ Collectors
_____ Computer Programmers
_____ Comptrollers and Asst. Comptrollers
_____ Credit Clerks and Managers

No. of
_____ Custodians
_____ Delivery Persons
_____ Demonstrators
_____ Detectives
_____ Dieticians who order food
_____ Drivers and Drivers' Helpers
_____ Floor Walkers
_____ Food Inspectors
_____ Head Pharmacists
_____ Instructors having custody of money or securities
_____ Janitors
_____ Ledger Keepers
_____ Locker Room Attendants
_____ Maitre d's and Asst. Maitre d's
_____ Managers and Asst. Managers
_____ Medical Directors
_____ Messengers, outside
_____ Meter Readers who collect
_____ Payroll Distributors
_____ Professors having custody of money or securities
_____ Purchasing Agents & Asst. Purchasing Agents
_____ Receiving Clerks

No. of
_____ Refinery Gaugers of Oil Companies handling refined gasoline and oils.
_____ Salespeople
_____ Security Personnel
_____ Service Station Attendants
_____ Shipping Clerks
_____ Stewards/esses who order food
_____ Stock Clerks
_____ Storekeepers
_____ Storeroom Personnel
_____ Superintendents and Asst. Superintendents
_____ Supervisors and Asst. Supervisors
_____ Taxi Drivers
_____ Teachers having custody of money or securities
_____ Timekeepers and Asst. Timekeepers
_____ Truck Drivers
_____ Warehouse Personnel
_____ Wine Cellar Personnel
_____ Wine Stewards/esses
_____ All other employees not listed above who handle, have custody of maintain records of money, securities or other property

(cont'd)

(3) Number of all other employees _____

5. RATING DATA FOR COVERAGE FORMS A - BLANKET AND B:

(b) Number of additional locations other than the head office _____

(For manufacturers, processors, wholesalers or distributors show only additional retail locations.)

(c) Deductibles:

	Deductible Amount
(1) Coverage Form A - Blanket.	
a. All employees	$ _____
b. Specified positions	$ _____

List below the positions and number of employees occupying those positions:

No. of Employees	Position(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(2) Coverage Form B $ _____

6. COVERAGE AMENDMENTS (ENDORSEMENTS) - COVERAGE FORM A - BLANKET:

(a) If insurance is desired on any of your appointed or elected agents, whether they be persons, partnerships or corporations performing any act or service in connection with the ordinary conduct of your business, complete the following:

Capacity in Which Each Agent Serves	Limit of Insurance
_____	$ _____
_____	_____
_____	_____
_____	_____
_____	_____

(b) If insurance is desired on any of your partners, list names below:

Name(s)
_____
_____
_____
_____
_____

(c) If Insurance is desired on workers leased to you under a written agreement with a labor leasing firm (other than temporary help hired to substitute for permanent employees on leave, or to meet seasonal or short term workload conditions), complete the following:

Name of Labor Leasing Firm	No. of Leased Workers
_____	_____
_____	_____
_____	_____

(d) If blanket excess limits of insurance are desired on any of your Joint Insureds, complete the following:

Joint Insured (s)	No. of Employees	Excess Limit of Insurance
_____	_____	$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(cont'd)

(e) If excess limits of insurance are desired on any of your employees on either a name schedule or position schedule basis, complete the following:

	Name Schedule Coverage	Position Schedule Coverage			
Item No.	Name(s) of Covered Employee (s)	Title (s) of Covered Position (s)	Location of Covered Position(s) (City and State)	No. of Employees Each Position	Excess Limit of Insurance Each Employee

7. COVERAGE AMENDMENTS (ENDORSEMENTS) COVERAGE FORM B

If insurance is desired, complete the following:

(a) Credit, Debit or Charge Card Instruments:
Covered instruments (check the appropriate box) include ☐ or are limited to ☐
credit, debit or charge cards issued to you or any employee for business purposes

No. of Cardholders _____ Limit of Insurance $ _____

(b) Warehouse Receipts:
Covered instruments (check the appropriate box) include ☐ or are limited to ☐
warehouse receipts and withdrawal orders

$ _____

(c) Personal Accounts of your officers or partners, list names below:

Name(s)

_____ $ _____

_____ _____

_____ _____

8. RATING DATA FOR COVERAGE FORM A - SCHEDULE:

If insurance is desired on any of your employees on either a name schedule or position schedule basis, complete the following:

	Name Schedule Coverage	Position Schedule Coverage				
Item No.	Name(s) of Covered Employee(s)	Title(s) of Covered Position(s)	Location of Covered Positions(s)	No. of Employees Each Position	Limit of Insurance Each Employee	Deductible Amount
					$	$

9. The present officers, employees, agents and partners of the Insured, have to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Insured indicated that any of the said officers, employees, agents or partners are dishonest. Such knowledge that any official or officer signing for the Insured may now have in respect to his or her own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

Dated _____

_____ By _____

(Insured) (Name and Title)