



For Limits Less Than \$1,000,000

Hanover Bond No. _____

Name of Agency: _____ Agency Code: _____

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

Principal Address: _____

Date Business Established: _____ Latest Fiscal Year End Revenues: \$ _____

Effective Date of Coverage: _____

Do you want Employee Benefit Plans to be added as Named Insureds? Yes No

If Yes, please list Employee Benefit Plans: _____

Applying For: Primary Coverage Excess Coverage

1) Coverage Requested:	Limit of Liability	Deductible
1. Employee Theft	\$ _____	\$ _____
2. Forgery or Alteration	\$ _____	\$ _____
3. Inside the Premises – Theft of Money And Securities	\$ _____	\$ _____
4. Inside the Premises – Robbery Or Safe Burglary Of Other Property	\$ _____	\$ _____
5. Outside the Premises	\$ _____	\$ _____
6. Computer Fraud	\$ _____	\$ _____
7. Funds Transfer Fraud	\$ _____	\$ _____
8. Money Orders and Counterfeit Money	\$ _____	\$ _____
Other Insuring Agreements Added By Endorsement:	\$ _____	\$ _____
Agent's Coverage Extension	\$ _____	\$ _____

2) Description of Organization:

A. Partnership Corporation Proprietorship LLC

Predominant Activity: Manufacturer Processor Wholesaler Distributor

Retailer Service Other (Explain) _____

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

C. Who by name and title owns the firm: _____

3) Audit Procedures:

A. Is an independent CPA firm involved in the applicant's financial reporting? Yes No

B. If yes, what is the level of accounting? Audit Review Compilation

C. Are all subsidiaries and locations included in the annual financial report? Yes No N/A

D. Is the financial report rendered directly to the Owner or Board of Directors? Yes No N/A

E. Does the financial report include inventory? Yes No

- F. 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? _____
- G. Are internal audits conducted on a regular and surprise basis and do they cover all locations? Yes No N/A
- H. Are bank accounts reconciled at least monthly? Yes No
- I. Can the person who reconciles bank accounts also:
 Sign Checks? Yes No
 Accept Deposits? Yes No
 Prepare Bank Deposits? Yes No
- J. Is countersignature required on checks? Yes No
 If yes, are all checks countersigned? Yes No
 If no, over what dollar value is countersignature required? \$ _____
- K. Are all financial systems structured so that no one individual can control a transaction from beginning to end (segregation of duties)? Yes No

4) Current Crime Insurance Program: Check if none.

<u>Insurance Carrier:</u>	<u>(Primary or Excess):</u>	<u>Policy Period:</u>	<u>Limit of Insurance:</u>	<u>Deductible or Underlying:</u>	<u>Expiring Premium:</u>
_____	_____	_____	\$ _____	\$ _____	\$ _____

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

If yes, please provide:

<u>Insurance Carrier:</u>	<u>Policy Number:</u>	<u>Policy Period:</u>	<u>Limit of Insurance:</u>	<u>Deductible:</u>
_____	_____	_____	\$ _____	\$ _____

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

If yes, please explain: _____

5) Loss Experience (during the last 3 years) Check if none.

<u>Description of Loss:</u>	<u>Date:</u>	<u>Amount of Loss:</u>	<u>Insurance Recovery:</u>	<u>Corrective Action Taken:</u>
_____	_____	\$ _____	\$ _____	_____

(Attach separate sheet with explanation if necessary)

6) Classification of Employees:

Total Number of Employees: _____ Number of Officers: _____
 Number of Employees who handle, have custody of, or maintain records of money, securities or other property: _____
 For Non-Profits: Number of Non-Compensated Officers, Board Members and the like requiring coverage: _____
 List titles: _____

7) Location Information:

Number of Domestic Locations:
 Manufacturing _____ Warehouse _____ Distribution Centers _____ Retail _____ Other _____

Foreign Locations:

<u>Country</u>	<u>Type of Operation</u>	<u>Number of Employees</u>	<u>Revenues (If applicable)</u>
_____	_____	_____	_____

8) Inside & Outside Premises Coverage Exposure

A. MAXIMUM EXPOSURE INSIDE THE PREMISES:

<u>Location</u>	<u>Cash</u>	<u>Checks and Other Securities</u>	<u>Safes? (yes or no)</u>	<u>Alarm System? (yes or no)</u>
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____

B. Do you use an Armored Motor Vehicle Company to transport Money or Securities? Yes No

If NO, PLEASE COMPLETE: MAXIMUM EXPOSURE OUTSIDE THE PREMISES:

<u>Location</u>	<u>Cash</u>	<u>Checks and Securities</u>	<u># of Messengers</u>	<u># of Guards</u>	<u>Safety Satchel (yes or no)</u>
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____
_____	\$ _____	\$ _____	_____	_____	_____

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.

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.

Dated at _____ this _____ day of _____, 20_____

_____ By _____
 (Insured) (Name and Title)