



# Commercial Crime Policy Application for Small Businesses

Application is hereby made by \_\_\_\_\_

(Please attach a list of all Insureds, including any Employee Benefit Plan(s) to be covered)

Principal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Effective Period \_\_\_\_\_ to \_\_\_\_\_

## 1. Insuring Agreement

### Limit of Insurance

### Deductible

	Limit of Insurance	Deductible
1. Employee Dishonesty	\$	\$
2. Forgery or Alteration	\$	\$
3. Inside the Premises	\$	\$
4. Outside the Premises	\$	\$
5. Computer Fraud	\$	\$
6. Money Orders and Counterfeit Paper Currency	\$	\$
7. Loss of Clients' Property	\$	\$
8. Funds Transfer Fraud	\$	\$

## 2. Employees and Locations

Total Employees \_\_\_\_\_ Independent Contractors \_\_\_\_\_ Total Locations \_\_\_\_\_

## 3. Description of your organization

- a. Date of Establishment \_\_\_\_\_
- b. Please describe your predominant business or activity \_\_\_\_\_

## 4. Internal Controls

### Yes

### No

a. Are bank accounts reconciled monthly?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are bank accounts reconciled by someone not authorized to deposit, withdraw, or write checks?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are vouchers/supporting records stamped "PAID" when checks are signed?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you maintain a list of approved vendors?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is countersignature of all checks required? <b>If yes</b> , above what amount? _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Are systems designed so that no single employee can control a transaction from beginning to end (e.g. approve a voucher, request and sign a check)?	<input type="checkbox"/>	<input type="checkbox"/>
g. Do you screen your employees for prior acts of dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>
h. Are all shipping and receiving activities reconciled to all applicable sale/purchase orders?	<input type="checkbox"/>	<input type="checkbox"/>
i. Do you have a system in place to prevent and detect payments to fictitious vendors?	<input type="checkbox"/>	<input type="checkbox"/>
j. Is all purchasing centralized out of your main office?	<input type="checkbox"/>	<input type="checkbox"/>

**4. Internal Controls *Continued***

				Yes	No
k. Is there personal supervision of business activities on a daily basis by an Owner?				<input type="checkbox"/>	<input type="checkbox"/>
<b>Does that person</b>		<b>Yes</b>	<b>No</b>		
Deposit all cash receipts?	<input type="checkbox"/>	<input type="checkbox"/>	Reconcile all bank accounts?	<input type="checkbox"/>	<input type="checkbox"/>
Sign or countersign all checks?	<input type="checkbox"/>	<input type="checkbox"/>	Verify shipping and receiving activities?	<input type="checkbox"/>	<input type="checkbox"/>
Check petty cash periodically?	<input type="checkbox"/>	<input type="checkbox"/>	Review journal entries?	<input type="checkbox"/>	<input type="checkbox"/>
l. Is segregation of duties performed in the following					
Inventory management?	<input type="checkbox"/>	<input type="checkbox"/>	Oversight of check stock?	<input type="checkbox"/>	<input type="checkbox"/>
Vendor approval?	<input type="checkbox"/>	<input type="checkbox"/>	Shipping and receiving?	<input type="checkbox"/>	<input type="checkbox"/>

**5. Prior Insurance**

				Yes	No
a. Have any similar insurance been declined or canceled during the past three years?				<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, please explain</b> _____					
b. Prior insurance to be superseded				<input type="checkbox"/> Check if None	
Carrier	Effective Date	Expiration Date	Limit	Deductible	Premium

**6. Cash and Metals Exposure**

		Yes	No
a. What is the total amount of specified property for all locations combined:			
Cash \$ _____	Retail Checks \$ _____	Credit Card Receipts \$ _____	
b. Do you handle, store, or use valuable or precious and/or non-precious metals?			
		<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, please complete our Metals Questionnaire (available upon request)</b>			

**7. Financial Status (per latest FYE)**

	Total	% Change from prior year
a. Annual Gross Assets		
b. Annual Gross Sales		
c. Net Profit		
d. Net Worth		

**8. Loss History**

Enter all claims or occurrences that may give rise to claims for the prior 5 years\*  Check if No Losses

Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Claim Status	
				Open	Closed
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*\*Please attach corrective actions taken if there is previous loss history*

**NOTICE TO 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 thereto, commits a fraudulent insurance act, which is a crime.

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Producer Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_