AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

CRIME SECTION

Complete ACORD 141 for each Location

DATE (MM/DD/YYYY)

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT (FIRST NAMED INSURED)	

COVERAGE **BASIS FOR COVERAGE:** ☐ DISCOVERY ☐ LOSS SUSTAINED

COVERAGE	LIMIT	DEDUCTIBLE	COVERAGE	LIMIT	DEDUCTIBLE
EMPLOYEE THEFT ☐ BLANKET ☐ SCHEDULE	$		INSIDE THE PREMISES ROBBERY OR BURGLARY OF OTHER PROPERTY ☐ BLANKET ☐ SCHEDULE	$	
☐ ERISA PER OCCURRENCE	$	N / A			
AGGREGATE	$	N / A	OUTSIDE THE PREMISES		
ERISA EXCESS AMOUNT OVER BLANKET LIMIT	$	N / A	MONEY AND SECURITIES	$	
TOTAL ASSET VALUE	$	N / A	OTHER PROPERTY	$	
TOTAL ASSET VALUE (Per Plan)	$	N / A	☐ BLANKET ☐ SCHEDULE		
EMPLOYEE THEFT GOVERNMENTAL CRIME ☐ BLANKET ☐ SCHEDULE ☐ PER LOSS ☐ PER EMPLOYEE	$		COMPUTER FRAUD	$	
			FUNDS TRANSFER FRAUD	$	
FORGERY OR ALTERATION	$		MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY	$	
INSIDE THE PREMISES THEFT OF MONEY AND SECURITIES ☐ BLANKET ☐ SCHEDULE	$			$	

COVERAGE ENDORSEMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ERISA EMPLOYEE THEFT - ADDITIONAL INFORMATION

NAME OF PLAN	PLAN ADMINISTRATOR ADDRESS	NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS	NUMBER OF PLAN PARTICIPANTS
IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)? (Y / N) ☐			

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. ARE VOLUNTEERS USED? (If "YES", # of volunteers): _____	
2. ANY EMPLOYEES LEASED TO OTHERS? (If "YES", give number and explain) # OF EMPLOYEES LEASED TO OTHERS: _____	
3. ANY EMPLOYEES LEASED FROM OTHERS? (If "YES", give number and explain) # OF EMPLOYEES LEASED FROM OTHERS: _____	
4. ANY EMPLOYEES PERFORM MONEY INVESTING OR TRADING?	
5. ANY EMPLOYEES RECEIVE OR ISSUE WAREHOUSE RECEIPTS?	
6. ANY EMPLOYEE(S) BEEN CANCELLED FOR CRIME COVERAGE BY ANY INSURER? **(Missouri Applicants - Do not answer this question)**	
7. DOES APPLICANT HAVE ANY WRITTEN AGREEMENTS WITH CLIENTS?	
8. DOES APPLICANT TRANSFER ANY FUNDS VIA PHONE OR FAX?	
9. ANY EXPOSURE FROM LOSS TO GUEST PROPERTY?	

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AGENCY CUSTOMER ID: _____

LOC #: _____ **BLDG #:** _____

CLASSIFICATION OF EMPLOYEES / LOCATIONS

LIST ALL OFFICERS AND EMPLOYEES (Including those construed to be employees by endorsement), OTHER THAN AGENTS AND PARTNERS, WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY, INCLUDING, IN ANY EVENT, THE POSITIONS LISTED BELOW:

NUMBER OF:		NUMBER OF:		NUMBER OF:		NUMBER OF:	
	ACCOUNTANTS AND ASSTS		COLLECTORS		LOCKER ROOM ATTENDANTS		STOCK CLERKS
	ADJUSTERS		COMPUTER PROGRAMMERS		MAITRE D'S AND ASSTS		STOREKEEPERS
	ADMINISTRATORS AND ASSTS		COMPTROLLERS AND ASSTS		MANAGERS AND ASSTS		STOREROOM PERSONNEL
	APPRAISERS AND CLERKS ACTING AS APPRAISERS		CREDIT CLERKS AND MANAGERS		MEDICAL DIRECTORS		SUPERINTENDENTS AND ASSTS
	ATTORNEYS		CUSTODIANS		MESSENGERS, OUTSIDE		SUPERVISORS AND ASSTS
	AUDITORS AND ASSTS		DELIVERY PERSONS		PAYROLL DISTRIBUTORS		TAXI DRIVERS
	BOOKKEEPERS		DEMONSTRATORS		PURCHASING AGENTS AND ASSTS		TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES
	BUS DRIVERS		DIETITIANS WHO ORDER FOOD		RECEIVING CLERKS		TIMEKEEPERS AND ASSTS
	BUYERS AND ASSTS		DRIVERS AND DRIVERS' HELPERS		REFINERY GAUGERS OF OIL COS HANDLING REFINED GASOLINE& OILS		TRUCK DRIVERS
	CANVASSERS (Door-to-door salespeople)		FOOD INSPECTORS		SALESPEOPLE		WAREHOUSE PERSONNEL
	CASHIERS AND ASSTS		HEAD PHARMACISTS		SECURITY PERSONNEL		WINE CELLAR PERSONNEL
	CHAIRPERSONS		INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES		SERVICE STATION ATTENDANTS		WINE STEWARDS/ESSES
	CHEFS WHO ORDER FOOD		JANITORS		SHIPPING CLERKS		ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED ABOVE

NUMBER OF OFFICERS:	TOTAL NUMBER OF OTHER EMPLOYEES:	MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS:	ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES:

HIRING PRACTICES

NO EXPLANATION REQUIRED	Y / N
1. IS PRIOR EMPLOYER HISTORY CHECKED?	
2. IS EDUCATION AND TRAINING VERIFIED?	
3. IS DRUG TESTING CONDUCTED?	
4. IS A FORMAL TRAINING PROGRAM ESTABLISHED AND FOLLOWED?	
5. ARE CREDIT CHECKS SECURED FOR EMPLOYEES WITH ACCESS TO FINANCIAL TRANSACTIONS?	
6. ARE SOCIAL SECURITY NUMBERS VERIFIED?	
7. IS CRIMINAL HISTORY CHECKED?	
8. ARE MANAGERS PROVIDED WITH NAMES AND SALARIES OF ALL ASSIGNED EMPLOYEES?	

CONTROLS AND AUDIT PROCEDURES - AUDITS

NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE									Y / N
1. AUDIT IS PERFORMED BY:		CPA		PUBLIC ACCOUNTANT		STAFF			
2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT									
3. DATE OF COMPLETION OF LAST AUDIT OF CASH & ACCOUNTS:						DATE OF COMPLETION OF LAST AUDIT OF INVENTORY:			
4. AUDIT FREQUENCY?		ANNUAL		SEMI-ANNUAL		QUARTERLY			
5. AUDIT REPORT IS RENDERED TO:		OWNER		PARTNERS		BOARD OF DIRECTORS			
6. FINANCIAL FORMAT IS:		AUDIT		REVIEW		COMPILATION		TAX RETURN ONLY	
7. ARE ALL LOCATIONS AUDITED?									
8. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? (If "NO", explain scope of audit)									
9. WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? (If "YES", submit a copy of the audit and auditor's comments).									
10. DOES AUDIT INCLUDE INVENTORY?									
11. ARE REFERENCES OF ALL NEW HIRES CHECKED WITH RESPECT TO EMPLOYMENT HISTORY?									
12. DOES AUDIT DEPARTMENT HAVE A PROGRAM TO DETECT GHOST EMPLOYEES?									
13. IS PAYROLL SYSTEM AUDITED ANNUALLY?									
14. IS A COMPLETE PHYSICAL INVENTORY MADE? (If "YES", how often): _____									
15. IS INVENTORY MADE BY PERSONS WHO DO NOT HAVE CUSTODY CONTROL?									
16. IS A REQUISITION / SHIPPING ORDER REQUIRED FOR REMOVAL OF GOODS FROM STOREROOM / WAREHOUSE?									

AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

CONTROLS AND AUDIT PROCEDURES - BANKING / OTHER

NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE	Y / N
1. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW?	
2. IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS?: _____	
3. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES?	
4. ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS?	
5. IS THERE A WRITTEN POLICY REGARDING EFTS?	
6. WHAT IS THE LARGEST SINGLE AMOUNT THAT CAN BE TRANSFERRED?: $	
7. PRIOR TO FUNDS TRANSFER, DOES FINANCIAL INSTITUTION VERIFY AUTHENTICITY WITH ANOTHER EMPLOYEE?	
8. ARE HARD COPIES OF FUNDS TRANSFER CONFIRMATIONS RECEIVED AND RECONCILED?	
9. ARE DETAILED RECORDS OF BANK DEPOSITS MAINTAINED?	

MONEY - SECURITIES

ENTER THE EXPOSURES FOR EACH CATEGORY. AMOUNTS ENTERED SHOULD BE MAXIMUM EXPOSURE.

TYPE	MONEY	CHECKS FOR DEPOSIT	CHECKS FOR ACCOUNTS PAYABLE	PAYROLL CHECKS	MONEY OVERNIGHT	SECURITIES (IN BANK / SAFE DEPOSIT)
INSIDE	$	$	$	$	$	$
MESSENGER #1	$	$	$	$	$	
MESSENGER #2	$	$	$	$	$	

PURCHASING / RECEIVING CONTROLS

NO EXPLANATION REQUIRED	Y / N
1. ARE DUTIES SEGREGATED?	
2. ARE DEPARTMENTS SUPERVISED BY SOMEONE NOT AUTHORIZED TO PAY BILLS?	
3. IS RESPONSIBILITY FOR CHECKING MERCHANDISE RECEIVED / CONTROLLED BY MORE THAN ONE INDIVIDUAL?	
4. IS ACTUAL RECEIPT OF MERCHANDISE VERIFIED BEFORE PAYMENT IS MADE?	
5. IS A NUMBERED PURCHASE ORDER SYSTEM IMPLEMENTED AND FOLLOWED?	

COMPUTER FRAUD CONTROLS

NO EXPLANATION REQUIRED	Y / N
1. DO INTERNAL AUDIT PROCEDURES INCLUDE COMPUTER OPERATIONS?	
2. IS THERE AN EMPLOYEE OR DEPARTMENT WHOSE SOLE DUTY IS SECURITY?	
3. ARE SUSPICIOUS TRANSACTIONS REVIEWED AND INVESTIGATED?	
4. IS PHYSICAL ACCESS TO COMPUTER ROOM AND EQUIPMENT RESTRICTED TO AUTHORIZED PERSONNEL?	

PROPERTY

DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC.	MAXIMUM VALUE

MISCELLANEOUS INFORMATION

BUSINESS HOURS	AVG # EMPLOYEES ON DUTY	CHECKS STAMPED FOR DEPOSIT ONLY (Y / N)	FREQUENCY OF DEPOSITS	NIGHT DEPOSITORY USED (Y / N)	ANNUAL GROSS SALES OR RECEIPTS FOR LAST FISCAL YEAR	DOES PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS? (Y / N)	OTHER INFORMATION
Start:		☐	☐ DAILY	☐		☐	
Close:			☐				

AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

SAFE / VAULT

MANUFACTURER	LABEL	CLASS	DOOR TYPE		COMBINATION LOCKS			THICKNESS	
			ROUND	SQUARE	OUTER	INNER	CHEST	DOOR (EXCL BOLTWORK)	WALL
	☐ UL ☐ SMNA		☐	☐	☐	☐	☐		
	☐ UL ☐ SMNA		☐	☐	☐	☐	☐		

MESSENGER PROTECTION

# OF MESSENGERS	# OF GUARDS PER MESSENGER	# OF ARMORED VEHICLES	PRIVATE CONVEYANCE USED? (Y / N)	SAFETY SATCHEL USED? (Y / N)
			☐	☐

PREMISES / SAFE PROTECTION

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION		ALARM INSTALLED AND SERVICED BY	# GUARDS	WATCHPERSONS
			SAFE / VAULT	PREMISES			
☐ HOLD-UP	☐ LOCAL GONG		☐ PARTIAL	1 2 3			☐ RPT/CENT ST
☐ PREMISES	☐ CENTRAL STATION		☐ COMPLETE	☐ ☐ ☐		# WATCH PERSONS	☐ CLOCK HRLY
☐ SAFE	☐ POLICE CONNECT						☐ DON'T SIGNAL
	☐ WITH KEYS						

CERTIFICATE NUMBER

EXPIRATION DATE:

ACCESSIBLE OPENINGS & PROTECTION

OTHER PROTECTION (Fences, Floodlights, etc)

EMPLOYEE SCHEDULE (Complete if required)

NAME OF EMPLOYEES TO BE COVERED	TITLE	LIMIT	DEDUCTIBLE

AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: 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. *Applies in MD Only.

Applicable in CO: 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 provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER