



Swett & Crawford

CRIME INSURANCE APPLICATION

General Information

Name of Insured _____

Principal Address _____

Are you a Proprietorship Partnership Corporation

Date Established _____

Describe the products or services of your predominant business or activity _____

Subsidiaries: Do you want to include all subsidiaries? Yes No

Name	Business	% Owned	Date Acq./Created

Attach list or refer to Annual Reports or Form 10-K.

Coverage Requested	Limit Requested	Deductible Requested
Insuring Clause 1. Employee Theft Coverage	\$ _____	\$ _____
Insuring Clause 2. Premise Coverage	\$ _____	\$ _____
Insuring Clause 3. Transit Coverage	\$ _____	\$ _____
Insuring Clause 4. Depositors Forgery Coverage	\$ _____	\$ _____
Other Coverages Desired	\$ _____	\$ _____

Proposed Effective Date: _____

Please note that this application is not a binder for coverage. Any coverage requested may differ significantly from coverage granted (if any) by the company.

Locations	U.S.	Canadian	Foreign	Grand Total
Totals				

Annual Sales or Gross Revenues:

Locations	U.S.	Canadian	Foreign	Grand Total
Totals				





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INTERNAL CONTROLS PRACTICED

1. AUDITS:

- (a) Are the books audited by an Independent C.P.A.? Yes No If so, by whom? _____
 How often? _____
 (Please attach a copy of the latest audited financial statements)
- (b) Are these audits complete and unqualified? _____ If not, describe the limitations _____
- (c) Are these audits made for each entity to be covered? _____ If not explain _____
- (d) If an independent C.P.A. is not retained, who is responsible for auditing the books? _____
 Briefly explain the scope and limitations of such audit. _____
- (e) Does the audit include all locations? _____
- (f) Is there a C.P.A. letter to management relating to internal control weaknesses? Yes No (If so, please attach a copy.)
 Has management prepared a reply? Yes No (If so, please attach a copy.)

2. INVENTORY CONTROL:

Is a complete inventory made with physical check of stock and equipment? _____
 By whom? _____ How often? _____

3. BANK ACCOUNT CONTROL:

Do the employees who reconcile the monthly bank statements also either
 (a) sign checks? _____
 (b) handle deposits? _____
 (c) have access to check signing machines or signature plates? _____
 It is inadvisable for the reconciliation to be done by an employee who also signs checks, handles deposits or who has access to check signing machines or signature plates because under such circumstances losses may be concealed. If any answer in question No. 3 is yes, will you correct this weakness? _____

Is countersignature of checks required? Yes No Over what limit? _____

4. COMPUTER CONTROL:

- | | | |
|--|---------------------------|--------------------------|
| (a) Are pre-authorization controls maintained for all programmers and operators? | <input type="radio"/> Yes | <input type="radio"/> No |
| (b) Are the duties of programmers and operators separated? | <input type="radio"/> Yes | <input type="radio"/> No |
| (c) Is the output reconciled by persons who do not prepare or process the input? | <input type="radio"/> Yes | <input type="radio"/> No |
| (d) Do audit practices include "tests" to detect unauthorized programming changes? | <input type="radio"/> Yes | <input type="radio"/> No |
| (e) Are computerized check writing operations segregated from departments that authorize checks? | <input type="radio"/> Yes | <input type="radio"/> No |

5. SECURITIES:

State the value of negotiable securities owned or held _____ (If none, so state)
 Where are the securities kept? _____
 If safe deposit boxes are used, has the bank been instructed to require that two individuals be present before entry to any box is permitted?
 Yes No If not, identify by name and position those having access. _____

6. PRECIOUS METALS:

Is there an exposure of precious metals or stones (such as Gold, Silver, Copper, Platinum, industrial Diamonds or similar high-value materials)?
 Yes No If yes, attach a separate listing of such exposures, identify each such location and state a maximum value at each such location.

7. EMPLOYEE BENEFIT PLANS:

List below and on a separate sheet if necessary the names of Employee Benefit Plans required to be bonded by Title 1 of the Employee Retirement Income Security Act of 1974 to be included hereunder:

If no Plans are to be covered, so state _____

Show total number of fiduciaries, trustees, administrators, officers or employees who are not Employees of the Insured _____





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MONEY, SECURITIES & PAYROLL EXPOSURES

LOCATION	EXPOSURE INSIDE PREMISES	PROTECTION	EXPOSURE OUTSIDE PREMISES OUTSIDE PREMISES
List each premise (Use additional forms if there are more than four locations)	Indicate maximum amount of: (a) Money, (b) Checks (c) Cash Payroll (d) Negotiable Securities.	Indicate (a) Type of Sate, FP, BP etc. (b) Number of Clock Watchmen, (c) Number of Central Station Reporting Watchmen (d) Type of Alarm System, if any.	Indicate maximum amount of (a) Money (b) Checks, (c) Negotiable Securities, (d) Cash Payroll in the custody of a messenger at any time (e) State number of messengers, (f) Guards accompanying messengers
	(a)	(a)	(a)
	(b)	(b)	(b) (c)
	(c)	(c)	(d)
	(d)	(d)	(e) (f)
	(a)	(a)	(a)
	(b)	(b)	(b) (c)
	(c)	(c)	(d)
	(d)	(d)	(e) (f)
	(a)	(a)	(a)
	(b)	(b)	(b) (c)
	(c)	(c)	(d)
	(d)	(d)	(e) (f)

LOSS EXPERIENCE

List all employee dishonesty, burglary, robbery, disappearance, destruction and forgery losses discovered by the Insured in the last six (6) years, itemizing each loss separately: Check if none O

Date of Loss	Total Amount	Description	Precautions Taken to Prevent Repetition

* Please include that part of any loss covered by insurance as well as any additional amount incurred by the Insured.

PREVIOUS INSURANCE

INSURER	LIMITS	DEDUCTIBLE	PERIOD	PREMIUM
Expiring				
Previous				

FALSE INFORMATION

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.

Signed: _____ (Name) _____ (Title)

Date: _____



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