

**COMMERCIAL CRIME POLICY
FOR MERCANTILE ENTITIES**

Application is hereby made by _____

(List all insureds, including Employee Benefit Plans)

 Principal Address: _____
 (No. / Street / City / State / Zip Code)

 for a Primary Excess **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 3)

 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
1. DESCRIPTION OF YOUR ORGANIZATION:

- (a) Organized as: Proprietorship Partnership Corporation LLC LLP Non-Profit
- (b) Date your business was established _____
- (c) Classify your predominant activity (check the appropriate box): Manufacturer Processor Wholesaler
 Distributor Retailer Servicer Other
- (d) Provide the company website address: (If you do not have a website address, describe the products or services you provide.) _____
- (e) Has there been any change in ownership or management within the past three years?..... Yes No
If “Yes”, explain: _____
- (f) Are the owner(s) active in the company?..... Yes No *

2. AUDIT PROCEDURES:

- (a) Is there an audit by a CPA, public accountant or equivalent, independent of the organization?..... Yes No *
If “Yes”, how often (check all that apply): Quarterly Semi-Annually Annually
- (b) Is the audit made in accordance with generally accepted auditing standards and so certified?..... Yes No *
- (c) Date of last audit on • cash & accounts: _____ • inventory: _____
- (d) Are all locations audited?..... Yes No *
- (f) 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.**
- (g) 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?

3. INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):

- (a) Are there written loss prevention, control plans, and/or business procedures in place? **If yes, please attach a copy**..... Yes No
- (b) Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No *
- (c) Is countersignature of checks required? Yes No *
- (d) Are securities subject to joint control of two or more responsible employees? Yes No *
- (e) Is there a dedicated Human Resource Department? Yes No *
- (f) Is there a defined employee hiring policy for personnel selection? **If yes, please attach a copy**..... Yes No
If “No”, please complete (1) and (2) below:
- (1) How are job positions filled? **(check all that apply)**
 Internal Postings External Search Resume Only Application Only Temp Agency
- (2) What are your job applicant screening procedures? **(check all that apply)**
 Criminal Background Check Personal References Previous Work References Credit History

* For questions above with a “No” response, please provide written explanations with this application.

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 _____ to _____Check if none
(month/day/year) (month/day/year)

Date of Loss	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Amount Recovered from other than Insurance	Amount of Loss Pending

5. RATING DATA FOR COVERAGE FORMS A – BLANKET AND B

(a) Classification of Employees:

(1) Number of Officers _____

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

<p><u>No. of</u></p> <p>_____ Accountants and Asst. Accountants</p> <p>_____ Adjusters</p> <p>_____ Administrators and Asst. Administrators</p> <p>_____ Appraisers and Clerks acting As Appraisers</p> <p>_____ Attorneys</p> <p>_____ Auditors and Asst. Auditors</p> <p>_____ Bookkeepers</p> <p>_____ Bursars and Asst. Bursars</p> <p>_____ Bus Drivers</p> <p>_____ Buyers and Asst. Buyers</p> <p>_____ Canvassers (door-to-door Salespeople)</p> <p>_____ Cashiers and Asst. Cashiers</p> <p>_____ Chairpersons</p> <p>_____ Chauffeurs</p> <p>_____ Checkers, food and beverage</p> <p>_____ Chefs who order food</p> <p>_____ Collectors</p> <p>_____ Computer Programmers</p> <p>_____ Controllers and Asst. Controllers</p> <p>_____ Credit Clerks and Managers</p>	<p><u>No. of</u></p> <p>_____ Custodians</p> <p>_____ Delivery Persons</p> <p>_____ Demonstrators</p> <p>_____ Detectives</p> <p>_____ Dieticians who order food</p> <p>_____ Drivers and Drivers' Helpers</p> <p>_____ Floor Walkers</p> <p>_____ Food Inspectors</p> <p>_____ Head Pharmacists</p> <p>_____ Instructors having custody of money or securities</p> <p>_____ Janitors</p> <p>_____ Ledger Keepers</p> <p>_____ Locker Room Attendants</p> <p>_____ Maitre d's and Asst. Maitre d's</p> <p>_____ Managers and Asst. Managers</p> <p>_____ Medical Directors</p> <p>_____ Messengers, outside</p> <p>_____ Meter Readers who collect</p> <p>_____ Payroll Distributors</p> <p>_____ Professors having custody of money or securities</p> <p>_____ Purchasing Agents and Asst. Purchasing Agents</p> <p>_____ Receiving Clerks</p>	<p><u>No. of</u></p> <p>_____ Refinery Gaugers of Oil Companies handling refined gasoline and oils</p> <p>_____ Salespeople</p> <p>_____ Security Personnel</p> <p>_____ Service Station Attendants</p> <p>_____ Shipping Clerks</p> <p>_____ Stewards/esses who order food</p> <p>_____ Stock Clerks</p> <p>_____ Storekeepers</p> <p>_____ Storeroom Personnel</p> <p>_____ Superintendents and Asst. Superintendents</p> <p>_____ Supervisors and Asst. Supervisors</p> <p>_____ Taxi Drivers</p> <p>_____ Teachers having custody of money and securities</p> <p>_____ Timekeepers and Asst. Timekeepers</p> <p>_____ Truck Drivers</p> <p>_____ Warehouse Personnel</p> <p>_____ Wine Cellar Personnel</p> <p>_____ Wine Steward/esses</p> <p>_____ All other employees not listed above who handle, have custody or maintain records of money, securities or other property</p>
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(3) Number of all other employees _____

(b) Number of additional locations other than the head office _____
 (For manufacturers, processors, wholesalers or distributors show only additional retail locations.)

(c) DEDUCTIBLES

(1) Coverage Forms A – BLANKET

a. All employees.....	\$	
b. Specified positions.....	\$	

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

<u>No. of Employees</u>	<u>Positions</u>
_____	_____
_____	_____

(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:

(c) If blanket excess limits of insurance are desired on any of your Joint Insured's, complete the following:

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

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

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

7. COVERAGE AMENDMENT (ENDORSEMENT) – 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:

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 along with **Form 78 1014 05 11, Schedule Coverage Application** for each name or position scheduled.

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

The present officials/officers and employees of the insured, in the positions held, as shown herein, 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 officials/officers or employees 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.

The following **FRAUD STATEMENTS** apply to all applications and policies issued in the respective state to comply with regulatory requirements.

Arkansas Fraud Statement – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

District of Columbia Fraud Statement – It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and / or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Kentucky Fraud Statement – 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.

Louisiana Fraud Statement – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement.

New Jersey Fraud Statement – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Fraud Statement – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York Fraud Statement – 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 Statement – 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 Statement – 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.

Virginia Fraud Statement – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Dated at _____ this _____ day of _____, _____.

(Insured's/Applicant)

By: _____
(Name and Title)

PNI Agency Code: _____ Agency Name: _____

For policy completion notification to the submitting agent:
Requesting Agent Name: _____ Email Address: _____