



## Specialties

# Crime Application

### Acord, Crime Section

Producer: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Code: \_\_\_\_\_ Subcode: \_\_\_\_\_ Agency Customer ID: \_\_\_\_\_

Applicant (First Named Insured): \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Bill: ☐ Direct Bill ☐ Agency

Payment Plan: \_\_\_\_\_ Audit: \_\_\_\_\_

For Company Use Only: \_\_\_\_\_

Basis For Coverage: ☐ Discovery ☐ Loss Sustained

### PLAN 1

Form	Form Title	Limit	Deductible
A	Employee Dishonesty <input type="checkbox"/> Blanket <input type="checkbox"/> Schedule	\$ _____	_____
	<input type="checkbox"/> Erisa Total Asset Value \$	\$ _____	_____
B	Forgery or Alteration	\$ _____	_____
C	Theft, Disappearance & Destruction		
	SEC 1 - Inside The Premises	\$ _____	
	SEC 2 - Outside The Premises	\$ _____	_____
	<input type="checkbox"/> Blanket <input type="checkbox"/> Schedule		
D	Robbery & Safe Burglary	\$ _____	
	SEC 1 - Inside: Robbery of Custodians, Safe Burglary	\$ _____	
	SEC 2 - Outside The Premises	\$ _____	_____
	<input type="checkbox"/> Blanket <input type="checkbox"/> Schedule		
E	Premises Burglary <input type="checkbox"/> Blanket <input type="checkbox"/> Schedule	\$ _____	_____
F	Computer Fraud	\$ _____	_____
G	Extortion - (Ins Loss Participation _____ %)	\$ _____	_____
H	Premises Theft & Robbery Outside		
	SEC 1 - Theft	\$ _____	
	SEC 2 - Robbery Outside	\$ _____	_____
	<input type="checkbox"/> Blanket <input type="checkbox"/> Schedule		
Q	Robbery & Safe Burglary Money & Securities		
	SEC 1 - Inside The Premises	\$ _____	
	SEC 2 - Outside The Premises	\$ _____	_____
	<input type="checkbox"/> Blanket <input type="checkbox"/> Schedule		

### Coverage Amendments (Endorsements)

ERISA EMPLOYEE DISHONESTY -ADDITIONAL INFORMATION (Coverage Form A)

Name of Plan:

Principal Address:

Number of Trustees, Employees, etc Handling Plan Assets:

# of Plan Participants:

Is there a Licensed Securities Firm Responsible for Investing of Funds Under Plan(s):

☐ Yes

☐ No

Classification of Employees / Locations (Coverage Forms A & B)

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 & Assistants	Collectors	Locker Room Attendants	Stock Clerks
Collectors	Computer Programmers	Maitre D's & Assistants	Storekeepers
Administrators & Ass'tants	Comptollers & Assistants	Managers & Assistants	Storeroom Personnel
Appraisers & Clerks Acting as Appraisers	Credit Clerks & Managers	Medical Directors	Superintendents & Ass'ts
Attorneys	Custodians	Messengers, Outside	Supervisors & Assistants
Auditors & Assistants	Delivery Persons	Payroll Distributors	Taxi Drivers
Bookeepers	Demonstrators	Purchas. Agents & Ass'ts	Teachers Having Custody of Money or Securities
Bus Drivers	Dietitians Who Order Food	Receiving Clerks	Timekeepers And Ass'ts
Buyers & Assistants	Drivers & Drivers' Helpers	Refinery Gaugers of Oil Co. Handling	Truck Drivers
Canvassers (Door-To-Door Sale)	Food Inspectors	Refined Gasoline & Oils	Warehouse Personnel
Cashiers & Assistants	Head Pharmacists	Salespeople	Wine Cellar Personnel
Chairpersons	Instructors Having Custody of Money or Sec.	Security Personnel	Wine Steward/ Stwdess
Chefs Who Order Food	Janitors	Service Station Att	All Other Officers & Employees Not Listed
		Shipping Clerks	
Number of officers:	Total number of other employees:	Manufacturers, processors, wholesalers or distributors; no. of retail locations:	All other classes; number of locations other than home or head offices:

CONTROLS (Coverage Form A)

Audit

1. Is there an audit by:
- ☐ CPA☐ PUB Accountant☐ Staff☐ Other
2. Audit frequency:
- ☐ Annual☐ Semi-annual☐ Quarterly☐ Other
3. Audit includes inventory?
- ☐ Yes☐ No
4. Audit report rendered to:
- ☐ Owner☐ Partners☐ Board of Directors☐ Other

Banking / Other

5. Are bank accounts reconciled by someone not authorized to deposit or withdraw:
- ☐ Yes☐ No
6. Is counter signature of CHQ required? if not, who signs controls:
- ☐ Yes☐ No
7. Will securities be subject to joint control of two or more responsible employees?
- ☐ Yes☐ No
8. Are all officers and employees required to take annual vacations of at least five consecutive business days:
- ☐ Yes☐ No

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Attach To Applicant Information Section

Acord Corporation 1980

MONEY -SECURITIES (Coverages Forms C or Q -Blanket Coverage, By Locations)

Enter the exposures for each category. Amounts entered should be maximum exposure

Type	Money	Cheques for Deposit	Cheques for Accts payable	Payroll Cheques	Money Overnight	Securities (in bank/safe deposit)
Inside	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Messenger #1	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Messenger #2	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

PROPERTY (Coverage Forms D,E & H)

Description of property, merchandise, stock, etc	Maximum value
_____	_____
_____	_____

GENERAL INFORMATION (All Coverage Forms Except A & B)

Business Hours	Avg # Employees on Duty	Cheques Stamped For Deposit Only	Frequency of Deposits	Night Depository Used	Annual Gross Sales or Receipts For Last Fiscal Year	Does Premises Have DBL Cylinder Door Locks?	Other Information
_____	_____	_____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____

SAFE/ VAULT (Coverage Forms C, D & Q)

Manufacturer	Label	Class	Door Type		Combination Locks			Thickness	
			Round	Square	Outer	Inner	Chest	Door	Wall
_____	<input type="checkbox"/> UL <input type="checkbox"/> SMNA	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/> UL <input type="checkbox"/> SMNA	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

MESSENGER PROTECTION (Coverage Forms C, D & Q)

Mess'gr #	# of Guards Per Mess'gr	Private Conveyance Used?	Safety Satchel Used?	Mess'gr #	# of Guards per Messenger	Private Conveyance Used?	Safety Satchel Used?
_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____

PREMISES/ SAFE PROTECTION (Coverage Forms C, D, E & H)

Alarm Type	Alarm Description	Grade	Extent of Protection	Alarm Installed and Serviced By:	# Guards # Watch Persons	Watch Persons
<input type="checkbox"/> Hold-Up	<input type="checkbox"/> Local Gong		Safe/Vault	Premises		<input type="checkbox"/> RPT/CENT St
<input type="checkbox"/> Premises	<input type="checkbox"/> Central Station		<input type="checkbox"/> Partial	<input type="checkbox"/> 1		<input type="checkbox"/> Clock Hrly
<input type="checkbox"/> Safe	<input type="checkbox"/> Police Connect		<input type="checkbox"/> Complete	<input type="checkbox"/> 2		<input type="checkbox"/> Don't Signal
	<input type="checkbox"/> With Keys	_____	<input type="checkbox"/> 3	_____	_____	
Certificate Number:		Accessible Openings & Protection:		Other Protection (Fences, Floodlights, etc.)		
_____		_____		_____		

EXPIRATION DATE:

Audit procedures - SAA Commercial Crime Policy

1. Audit by CPA, Public Accountant or equivalent, independent of your organization:  
☐ Quarterly    ☐ Semi-annually    ☐ Annually    ☐ None
2. Name and address of person or firm performing audit: \_\_\_\_\_
3. All locations audited? ☐ Yes    ☐ No
4. Is audit made in accordance with generally accepted auditing standards and so certified: ☐ Yes    ☐ No  
if 'No' explain scope of audit  
\_\_\_\_\_
5. Is the audit report rendered directly to the proprietor, partner, if a partnership, or board of directors, If a corporation? ☐ Yes    ☐ No
6. Date of completion of last audit of:    Cash & Accounts \_\_\_\_\_    Inventory: \_\_\_\_\_

7. Were any discrepancies or loose practices commented upon in this audit? ☐ Yes ☐ No  
if 'Yes', submit a copy of the audit and auditor's comments
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8. 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', are the reports rendered directly to the proprietor, partners or board of directors
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**INTERNAL CONTROLS OTHER THAN AUDIT PROCEDURES - SAA COMMERCIAL:****Explain all "No" responses in remarks**

1. Are bank accounts reconciled by someone not authorized to deposit or withdraw: ☐ Yes ☐ No
2. Is countersignature of cheques required? ☐ Yes ☐ No
3. Are securities subject to joint control of two or more responsible employees? ☐ Yes ☐ No

**REMARKS:**

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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED).

**ACORD 141 (10/98):****USE ADDITIONAL FORMS IF MORE THAN ONE LOCATION:**