



<b>ACORD, CRIME SECTION</b>						<b>DATE</b>	
<b>PRODUCER:</b>		<b>PHONE:</b>		<b>APPLICANT (First Named Insured)</b>			
				EFFECTIVE DATE		EXPIRATION DATE	<input type="checkbox"/> DIRECT BILL
						<input type="checkbox"/> AGENCY BILL	PAYMENT PLAN
				FOR COMPANY USE ONLY			AUDIT
CODE:		SUBCODE:					<input type="checkbox"/> DISCOVERY
AGENCY CUSTOMER ID:							<input type="checkbox"/> LOSS SUSTAINED

<b>PLAN 1</b>							
FORM	FORM TITLE	LIMIT	DEDUCTIBLE	FORM	FORM TITLE	LIMIT	DEDUCTIBLE
A	EMPLOYEE DISHONESTY <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$		E	PREMISES BURGLARY <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$	
	<input type="checkbox"/> ERISA TOTAL ASSET VALUE \$	\$		F	COMPUTER FRAUD	\$	
B	FORGERY OR ALTERATION	\$		G	EXTORTION (Ins Loss Participation %)	\$	
C	THEFT, DISAPPEARANCE & DESTRUCTION SEC 1 - INSIDE THE PREMISES SEC 2 - OUTSIDE THE PREMISES <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$		H	PREMISES THEFT & ROBBERY OUTSIDE SEC 1 - THEFT SEC 2 - ROBBERY OUTSIDE <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	\$		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)**

<b>ERISA EMPLOYEE DISHONESTY - ADDITIONAL INFORMATION (Coverage Form A)</b>			
<b>NAME OF PLAN</b>		<b>PRINCIPAL ADDRESS:</b>	
		<b>NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS</b>	<b># OF PLAN PARTICIPANTS</b>

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
ADJUSTERS	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	

<b>NUMBER OF OFFICERS:</b>	<b>TOTAL NUMBER OF OTHER EMPLOYEES:</b>	<b>MANUFACTURERS, PROCESSORS, WHOLESALEERS OR DISTRIBUTORS; NO. OF RETAIL LOCATIONS:</b>	<b>ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES:</b>



**CONTROLS (Coverage Form A)**

<b>AUDIT</b>	1. IS THERE AN AUDIT BY: <input type="checkbox"/> CPA <input type="checkbox"/> PUB ACCOUNTANT <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER	<b>BANKING / OTHER</b>	5. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	2. AUDIT FREQUENCY: <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER		6. IS COUNTERSIGNATURE OF CHQ REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHO SIGNS CONTROLS?		
	3. AUDIT INCLUDES INVENTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO		7. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	4. AUDIT REPORT RENDERED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNERS <input type="checkbox"/> BOARD OF DIRECTORS <input type="checkbox"/> OTHER:		8. ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ACORD 141 (10/98)		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 ONERIGHT	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? YES NO <input type="checkbox"/> <input type="checkbox"/>	OTHER INFORMATION

**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'G R #	# OF GUARDS PER MESS'GR	PRIVATE CONVEYANCE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	SAFETY SATCHEL USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MESS'GR #	# OF GUARDS PER MESSENGER	PRIVATE CONVEYANCE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	SAFETY SATCHEL USED? <input type="checkbox"/> YES <input type="checkbox"/> NO

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

ALARM TYPE <input type="checkbox"/> HOLD-UP <input type="checkbox"/> PREMISES <input type="checkbox"/> SAFE	ALARM DESCRIPTION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> POLICE CONNECT <input type="checkbox"/> WITH KEYS	GRADE	EXTENT OF PROTECTION SAFE/VAULT <input type="checkbox"/> PARTIAL <input type="checkbox"/> COMPLETE	PREMISES 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	ALARM INSTALLED AND SERVICED BY:	# GUARDS # WATCH PERSONS	WATCHPERSONS <input type="checkbox"/> RPT/CENT ST <input type="checkbox"/> CLOCK HRLY <input type="checkbox"/> DON'T SIGNAL
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? <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> NONE	5. IS THE AUDIT REPORT RENDERED DIRECTLY TO THE PROPRIETOR, PARTNER, IF A PARTNERSHIP, OR BOARD OF DIRECTORS, IF A CORPORATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT	6. DATE OF COMPLETION OF LAST AUDIT OF: CASH & ACCOUNTS _____ INVENTORY _____
3. ALL LOCATIONS AUDITED? <input type="checkbox"/> YES <input type="checkbox"/> NO	7. WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF 'YES', SUBMIT A COPY OF THE AUDIT AND AUDITOR'S COMMENTS
4. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF 'NO' EXPLAIN SCOPE OF AUDIT	8. IS THERE AN INTERNAL AUDIT BY AN INTERNAL AUDIT DEPARTMENT UNDER THE CONTROL OF AN EMPLOYEE WHO IS A PUBLIC ACCOUNTANT OR EQUIVALENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF 'YES', ARE THE REPORTS RENDERED DIRECTLY TO THE PROPRIETOR, PARTNERS OR BOARD OF DIRECTORS?

**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? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. IS COUNTERSIGNATURE OF CHEQUES REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO

**EXPLAIN ALL "NO" RESPONSES IN REMARKS**

3. ARE SECURITIES SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**REMARKS**

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**