

# ACORD<sup>TM</sup> CRIME SECTION 2000

DATE

<b>PRODUCER</b>	PHONE (A/C, No, Ext): FAX (A/C, No):	<b>APPLICANT</b> (First Named Insured)	<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>	<input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	<b>PAYMENT PLAN</b>	<b>AUDIT</b>
<b>CODE:</b>	<b>SUB CODE:</b>	<b>FOR COMPANY USE ONLY</b>	<b>BASIS FOR COVERAGE</b>				
<b>AGENCY CUSTOMER ID:</b>							

## COVERAGE

COVERAGE	LIMIT	DEDUCTIBLE	COVERAGE	LIMIT	DEDUCTIBLE
EMPLOYEE THEFT <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$		INSIDE THE PREMISES ROBBERY OR BURGLARY OF OTHER PROPERTY <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$	
ERISA TOTAL ASSET VALUE \$ _____	\$	N/A	OUTSIDE THE PREMISES MONEY AND SECURITIES	\$	
EMPLOYEE THEFT GOVERNMENTAL CRIME <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE <input type="checkbox"/> PER LOSS <input type="checkbox"/> PER EMPLOYEE	\$		OTHER PROPERTY <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$	
FORGERY OR ALTERATION	\$		COMPUTER FRAUD	\$	
INSIDE THE PREMISES THEFT OF MONEY AND SECURITIES <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$		MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY	\$	

## COVERAGE ENDORSEMENTS

## ERISA EMPLOYEE THEFT - ADDITIONAL INFORMATION

<b>NAME OF PLAN</b>	<b>PRINCIPLE ADDRESS</b>	<b>NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS</b>	<b>NUMBER OF PLAN PARTICIPANTS</b>
IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

## GENERAL INFORMATION

<b>EXPLAIN ALL "YES" RESPONSES</b>			<b>YES</b>	<b>NO</b>
1. ARE VOLUNTEERS USED? IF YES, HOW MANY?				
2. ANY EMPLOYEES LEASED TO OTHERS? IF YES, GIVE NUMBER AND EXPLAIN IN REMARKS.				
3. ANY EMPLOYEES LEASED FROM OTHERS? IF YES, GIVE NUMBER AND EXPLAIN IN REMARKS.				
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?				
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?				
<b>NUMBER OF OFFICERS:</b>	<b>TOTAL NUMBER OF OTHER RATEABLE EMPLOYEES:</b>	<b>MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS:</b>	<b>ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES:</b>	

## REMARKS

**CONTROLS AND AUDIT PROCEDURES**

<b>AUDITS</b>	
1. IS THERE AN AUDIT BY? <input type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER:	5. DATE OF COMPLETION OF LAST AUDIT OF: CASH & ACCOUNTS _____ INVENTORY _____
2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT	6. WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? IF "YES", SUBMIT A COPY OF THE AUDIT AND AUDITOR'S COMMENTS. <input type="checkbox"/> YES <input type="checkbox"/> NO
	7. AUDIT FREQUENCY? <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER:
3. ALL LOCATIONS AUDITED? <input type="checkbox"/> YES <input type="checkbox"/> NO	8. DOES AUDIT INCLUDE INVENTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? IF NO, EXPLAIN SCOPE OF AUDIT. <input type="checkbox"/> YES <input type="checkbox"/> NO	9. AUDIT REPORT IS RENDERED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNERS <input type="checkbox"/> BOARD OF DIRECTORS <input type="checkbox"/> OTHER:
	10. ARE REFERENCES OF ALL NEW HIRES CHECKED WITH RESPECT TO EMPLOYMENT HISTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>BANKING/OTHER</b>	
1. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW? <input type="checkbox"/> YES <input type="checkbox"/> NO	3. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. 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

**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	\$	\$	\$	\$	\$	

**PROPERTY**

DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC	MAXIMUM VALUE

**MISCELLANEOUS INFORMATION**

BUSINESS HOURS	AVG # EMPLOYEES ON DUTY	CHECKS STAMPED FOR DEPOSIT ONLY	FREQUENCY OF DEPOSITS	NIGHT DEPOSITORY USED	ANNUAL GROSS SALES OR RECEIPTS FOR LAST FISCAL YEAR	DOES PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS? YES NO	OTHER INFORMATION

**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**

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

**PREMISES/SAFE PROTECTION**

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			ALARM INSTALLED AND SERVICED BY	# GUARDS	WATCHPERSONS
			SAFE/VAULT	PREMISES				
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG			1	2	3		
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CENTRAL STATION		PARTIAL					RPT/CENT ST
<input type="checkbox"/> SAFE	<input type="checkbox"/> POLICE CONNECT		COMPLETE					CLOCK HRLY
	<input type="checkbox"/> WITH KEYS							DON'T SIGNAL
ACCESSIBLE OPENINGS & PROTECTION						OTHER PROTECTION (Fences, Floodlights, etc)		
CERTIFICATE NUMBER								
EXPIRATION DATE:								

**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, VT; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)