



AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

CRIME SECTION

Complete ACORD 141 for each Location

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	APPLICANT (FIRST NAMED INSURED)	

COVERAGE		BASIS FOR COVERAGE:		DISCOVERY	LOSS SUSTAINED	
COVERAGE	LIMIT	DEDUCTIBLE	COVERAGE	LIMIT	DEDUCTIBLE	
EMPLOYEE THEFT			INSIDE THE PREMISES			
<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$		ROBBERY OR BURGLARY OF OTHER PROPERTY			
<input type="checkbox"/> ERISA PER OCCURRENCE	\$	N / A	<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$		
AGGREGATE	\$	N / A	OUTSIDE THE PREMISES			
ERISA EXCESS AMOUNT OVER BLANKET LIMIT	\$	N / A	MONEY AND SECURITIES	\$		
TOTAL ASSET VALUE	\$	N / A	OTHER PROPERTY	\$		
TOTAL ASSET VALUE (Per Plan)	\$	N / A	<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE			
EMPLOYEE THEFT GOVERNMENTAL CRIME			COMPUTER FRAUD	\$		
<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$		FUNDS TRANSFER FRAUD	\$		
<input type="checkbox"/> PER LOSS <input type="checkbox"/> PER EMPLOYEE			MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY	\$		
FORGERY OR ALTERATION	\$					
INSIDE THE PREMISES						
THEFT OF MONEY AND SECURITIES				\$		
<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$					

COVERAGE ENDORSEMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ERISA EMPLOYEE THEFT - ADDITIONAL INFORMATION

NAME OF PLAN	PLAN ADMINISTRATOR ADDRESS	NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS	NUMBER OF PLAN PARTICIPANTS
IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)? (Y / N) <input type="checkbox"/>			

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. ARE VOLUNTEERS USED? (If "YES", # of volunteers): _____	
2. ANY EMPLOYEES LEASED TO OTHERS? (If "YES", give number and explain) # OF EMPLOYEES LEASED TO OTHERS: _____	
3. ANY EMPLOYEES LEASED FROM OTHERS? (If "YES", give number and explain) # OF EMPLOYEES LEASED FROM OTHERS: _____	
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? (Missouri Applicants - Do not answer this question)	
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?	

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CLASSIFICATION OF EMPLOYEES / LOCATIONS

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 AND ASSTS	COLLECTORS	LOCKER ROOM ATTENDANTS	STOCK CLERKS
ADJUSTERS	COMPUTER PROGRAMMERS	MAITRE D'S AND ASSTS	STOREKEEPERS
ADMINISTRATORS AND ASSTS	COMPTROLLERS AND ASSTS	MANAGERS AND ASSTS	STOREROOM PERSONNEL
APPRAISERS AND CLERKS ACTING AS APPRAISERS	CREDIT CLERKS AND MANAGERS	MEDICAL DIRECTORS	SUPERINTENDENTS AND ASSTS
ATTORNEYS	CUSTODIANS	MESSENGERS, OUTSIDE	SUPERVISORS AND ASSTS
AUDITORS AND ASSTS	DELIVERY PERSONS	PAYROLL DISTRIBUTORS	TAXI DRIVERS
BOOKKEEPERS	DEMONSTRATORS	PURCHASING AGENTS AND ASSTS	TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES
BUS DRIVERS	DIETITIANS WHO ORDER FOOD	RECEIVING CLERKS	TIMEKEEPERS AND ASSTS
BUYERS AND ASSTS	DRIVERS AND DRIVERS' HELPERS	REFINERY GAUGERS OF OIL COS HANDLING REFINED GASOLINE& OILS	TRUCK DRIVERS
CANVASSERS (Door-to-door salespeople)	FOOD INSPECTORS	SALESPEOPLE	WAREHOUSE PERSONNEL
CASHIERS AND ASSTS	HEAD PHARMACISTS	SECURITY PERSONNEL	WINE CELLAR PERSONNEL
CHAIRPERSONS	INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES	SERVICE STATION ATTENDANTS	WINE STEWARDS/ESSES
CHEFS WHO ORDER FOOD	JANITORS	SHIPPING CLERKS	ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED ABOVE
NUMBER OF OFFICERS:	TOTAL NUMBER OF OTHER EMPLOYEES:	MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS:	ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES:

HIRING PRACTICES

NO EXPLANATION REQUIRED	Y / N
1. IS PRIOR EMPLOYER HISTORY CHECKED?	
2. IS EDUCATION AND TRAINING VERIFIED?	
3. IS DRUG TESTING CONDUCTED?	
4. IS A FORMAL TRAINING PROGRAM ESTABLISHED AND FOLLOWED?	
5. ARE CREDIT CHECKS SECURED FOR EMPLOYEES WITH ACCESS TO FINANCIAL TRANSACTIONS?	
6. ARE SOCIAL SECURITY NUMBERS VERIFIED?	
7. IS CRIMINAL HISTORY CHECKED?	
8. ARE MANAGERS PROVIDED WITH NAMES AND SALARIES OF ALL ASSIGNED EMPLOYEES?	

CONTROLS AND AUDIT PROCEDURES - AUDITS

NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE	Y / N
1. AUDIT IS PERFORMED BY: <input type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT <input type="checkbox"/> STAFF <input type="checkbox"/>	
2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT	
3. DATE OF COMPLETION OF LAST AUDIT OF CASH & ACCOUNTS: _____ DATE OF COMPLETION OF LAST AUDIT OF INVENTORY: _____	
4. AUDIT FREQUENCY? <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY	
5. AUDIT REPORT IS RENDERED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNERS <input type="checkbox"/> BOARD OF DIRECTORS	
6. FINANCIAL FORMAT IS: <input type="checkbox"/> AUDIT <input type="checkbox"/> REVIEW <input type="checkbox"/> COMPILATION <input type="checkbox"/> TAX RETURN ONLY	
7. ARE ALL LOCATIONS AUDITED?	
8. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? (If "NO", explain scope of audit)	
9. WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? (If "YES", submit a copy of the audit and auditor's comments).	
10. DOES AUDIT INCLUDE INVENTORY?	
11. ARE REFERENCES OF ALL NEW HIRES CHECKED WITH RESPECT TO EMPLOYMENT HISTORY?	
12. DOES AUDIT DEPARTMENT HAVE A PROGRAM TO DETECT GHOST EMPLOYEES?	
13. IS PAYROLL SYSTEM AUDITED ANNUALLY?	
14. IS A COMPLETE PHYSICAL INVENTORY MADE? (If "YES", how often): _____	
15. IS INVENTORY MADE BY PERSONS WHO DO NOT HAVE CUSTODY CONTROL?	
16. IS A REQUISITION / SHIPPING ORDER REQUIRED FOR REMOVAL OF GOODS FROM STOREROOM / WAREHOUSE?	

LOC #: BLDG #:

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MANUFACTURER	LABEL		CLASS	DOOR TYPE		COMBINATION LOCKS			THICKNESS	
				ROUND	SQUARE	OUTER	INNER	CHEST	DOOR (EXCL BOLTWORK)	WALL
		UL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		SMNA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		UL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		SMNA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

# OF MESSENGERS	# OF GUARDS PER MESSENGER	# OF ARMORED VEHICLES	PRIVATE CONVEYANCE USED? (Y / N)	SAFETY SATCHEL USED? (Y / N)
			<input type="checkbox"/>	<input type="checkbox"/>

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

[illegible]

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REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER