



Commercial Crime Policy Application for Small Businesses (\$1M Limit or Below)

Application is hereby made by _____

(Please attach a list of all Insureds, including Employee Benefit Plans)

Principal Address _____ City _____ State _____ Zip _____

Policy Effective Period _____ to _____

1. Insuring Agreement

Limit of Insurance

Deductible

	Limit of Insurance	Deductible
1. Employee Dishonesty	\$	\$
2. Forgery or Alteration	\$	\$
3. Inside the Premises	\$	\$
4. Outside the Premises	\$	\$
5. Computer Fraud	\$	\$
6. Money Orders and Counterfeit Paper Currency	\$	\$
7. Loss of Clients' Property	\$	\$
8. Funds Transfer Fraud	\$	\$

2. Employees and Locations

Total Employees _____ Independent Contractors _____ Total Locations _____

3. Description of your organization

a. Date of Establishment _____

b. Please describe the products or services of your predominant business or activity _____

4. Internal Controls

Yes

No

	Yes	No
a. Are bank accounts reconciled monthly?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are bank accounts reconciled by someone not authorized to deposit, withdraw, or write checks?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are vouchers/supporting records stamped "PAID" when checks are signed?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you maintain a list of approved vendors?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is countersignature of all checks required? If yes, above what amount? _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Are systems designed so that no single employee can control a transaction from beginning to end (e.g. approve a voucher, request and sign a check)?	<input type="checkbox"/>	<input type="checkbox"/>
g. Do you screen your employees for prior acts of dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>
h. Are all shipping and receiving activities reconciled to all applicable sale/purchase orders?	<input type="checkbox"/>	<input type="checkbox"/>
i. Do you have a system in place to prevent and detect payments to fictitious vendors?	<input type="checkbox"/>	<input type="checkbox"/>
j. Is all purchasing centralized out of your main office?	<input type="checkbox"/>	<input type="checkbox"/>

4. Internal Controls Continued

				Yes	No
k. Is there personal supervision of business activities on a daily basis by an Owner?				<input type="checkbox"/>	<input type="checkbox"/>
Does that person		Yes	No		
Deposit all cash receipts?		<input type="checkbox"/>	<input type="checkbox"/>	Reconcile all bank accounts?	<input type="checkbox"/>
Sign or countersign all checks?		<input type="checkbox"/>	<input type="checkbox"/>	Verify shipping and receiving activities?	<input type="checkbox"/>
Check petty cash periodically?		<input type="checkbox"/>	<input type="checkbox"/>	Review journal entries?	<input type="checkbox"/>
l. Is segregation of duties performed in the following					
Inventory management?		<input type="checkbox"/>	<input type="checkbox"/>	Oversight of check stock?	<input type="checkbox"/>
Vendor approval?		<input type="checkbox"/>	<input type="checkbox"/>	Shipping and receiving?	<input type="checkbox"/>

5. Prior Insurance

		Yes	No
a. Has any similar insurance been declined or canceled during the past three years?		<input type="checkbox"/>	<input type="checkbox"/>

6. Cash and Metals Exposure

		Yes	No
a. What is the total amount of specified property for all locations combined:			
Cash \$ _____		Retail Checks \$ _____	
		Credit Card Receipts \$ _____	
b. Do you handle, store, or use valuable or precious and/or non-precious metals?		<input type="checkbox"/>	<input type="checkbox"/>
If yes , please complete our Metals Questionnaire <i>(available upon request)</i>			

7. Financial Status (per latest FYE)

	Total	% Change from prior year
a. Annual Gross Assets		
b. Annual Gross Sales		
c. Net Profit		
d. Net Worth		

8. Loss History

Enter all claims or occurrences that may give rise to claims for the prior 5 years* Check if No Losses

Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Claim Status	
				Open	Closed
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*Please attach corrective actions taken if there is previous loss history

NOTICE TO APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Title _____ Date _____