



CRIME PROTECTION POLICY or COMMERCIAL CRIME POLICY  
APPLICATION

New Bond  - Effective Date of Bond: \_\_\_\_\_

Renewal  - Bond Number: \_\_\_\_\_

Annual Premium  Three Years Prepaid

Renewal Option: Agency Bill  Direct Bill

AGENT: \_\_\_\_\_

Agent Number: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Complete Printed Name of Applicant: \_\_\_\_\_

Complete Physical Address of Applicant: \_\_\_\_\_

Mailing Address (if different from Physical address): \_\_\_\_\_

Coverage selected: (* means coverage is not available under Commercial Crime Policy)	Amount of Insurance	Deductible
Insuring Agreement 1: Employee Dishonesty (or Form A)	\$	\$
Insuring Agreement 2: Forgery or Alteration (or Form B)	\$	\$
Insuring Agreement 3: Inside the Premises*	\$	\$
Insuring Agreement 4: Outside the Premises*	\$	\$
Insuring Agreement 5: Computer Fraud*	\$	\$
Insuring Agreement 6: Money Orders and Counterfeit Currency*	\$	\$
Insuring Agreement 7: Loss of Client's Property – Employee Dishonesty*	\$	\$
Other:	\$	\$
Stand Alone Third Party Fidelity Coverage (Loss of Client's Property):	\$	\$
Add ERISA: Yes <input type="checkbox"/> No <input type="checkbox"/> Add Automatic Increase Rider <input type="checkbox"/>	\$	\$ NA

Indicate complete name of Plan(s): \_\_\_\_\_

EMPLOYER'S STATEMENT

TYPE OF BUSINESS (Describe Product Or Service) \_\_\_\_\_ Date Business Established \_\_\_\_\_

Manufacturer  ; Wholesaler  ; Retailer  ; Non Profit  OTHER  (Describe): \_\_\_\_\_

Individual  ; DBA  ; Partnership  ; LLC  ; Corporation  : Municipality  ; Other  (Describe): \_\_\_\_\_

UNDERWRITING QUESTIONS INSURING AGREEMENT 1

- Are Audits (NOT REVIEW) Performed by an Independent CPA? YES  NO ; Other independent auditor YES  NO
  - How frequently are Audits Performed? Annually  Quarterly  Audits are not Performed
  - Do Audits Include Cash and Accounts AND merchandise Inventory? YES  NO
  - Will audit reports be rendered directly to individual owner if Applicant is sole proprietorship, to all partners if Applicant is partnership, or to the Board of Directors if Applicant is a Corporation? YES  NO
  - Are bank accounts reconciled AT LEAST MONTHLY by someone not authorized to deposit or withdraw therefrom?  
YES  NO
- a. Enter name of person(s) authorized to deposit and withdraw: \_\_\_\_\_
- b. Enter name of person(s) performing regular account reconciliation: \_\_\_\_\_
- Will countersignature of checks be required? YES  NO  If No, describe account controls on a separate sheet.
  - Will securities be subject to joint control by two or more responsible employees? YES  NO
  - Has the applicant suffered any Dishonesty Losses during the past 6 years? YES  NO   
If yes, please provide a description of each loss on a separate sheet of paper.
  - Has the Applicant had prior Fidelity or Crime Insurance within the past six years? YES  NO   
If YES, please provide Insurer Name: \_\_\_\_\_ Type of Coverage: \_\_\_\_\_ Amount \_\_\_\_\_ Effective date. \_\_\_\_\_  
If YES, please provide Insurer Name: \_\_\_\_\_ Type of Coverage: \_\_\_\_\_ Amount \_\_\_\_\_ Effective date. \_\_\_\_\_
  - Has any Fidelity or Crime Insurance carried by the Applicant been cancelled within the past six years? YES  NO   
If YES, please provide details.

UNDERWRITING QUESTIONS INSURING AGREEMENT 2

If forgery coverage is desired on personal accounts of officers or partners, check this box  and list name position and amount below.

Name	Position	Amount
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If credit card coverage is desired check this box  and enter the amount here: \_\_\_\_\_ and number of cardholders here: \_\_\_\_\_

If coverage is desired on personal credit card accounts of officers or partners, check this box  and list name position and amount below.

Name	Position	Amount
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Complete Printed Name of Applicant: \_\_\_\_\_

For Rating Information for Insuring Agreements 1, 2, 5, 7, 8 (or Form A and Form B):

List below those employees who, as part of their regular duties, handle or have custody of money, securities or merchandise (the latter meaning commodities customarily traded by the applicant), including **all** occupants of positions listed below.

POSITION	NUMBER	POSITION	NUMBER	POSITION	NUMBER
President		Managers		Sales Manager	
Vice President		Asst Managers		Asst Sales Manager	
Treasurer		Branch Managers		Buyer	
Secretary		Dept managers		Asst Buyer	
Auditors		Superintendents		Auto Dealer Salesman	
Cashiers		Purchasing Agents		Canvassers (door to door)	
Bookkeepers		Messengers (outside)		Collectors	
Paymasters		Shipping clerks		Drivers	
Timekeepers		Receiving Clerks		Salesmen (outside who collect)	
		Stock Clerks		Drivers' helpers	
		Custodians		Chauffeurs	
		Watchmen		Security Guards	
Enter number of ALL OTHER employees not included in the totals above:					

**UNDERWRITING QUESTIONS LOSS OF CLIENT'S PROPERTY**

(Insuring agreement 7 or Stand Alone Bond)

Enter Total Monthly Average revenue from client's for whom you perform work on the client's premises: \$ \_\_\_\_\_

List by Name and Type of Business client's for whom you perform work on the client's premises on a regular basis.

Name	Type of Business	Name	Type of Business

**UNDERWRITING QUESTIONS INSURING AGREEMENT 3\* and 4\***

Complete exposure questions for primary location, and any additional locations to be covered.

If premises coverage is desired for additional locations enter additional location addresses (including City, State and Zip Code) below:

Amount of Exposure

Location Address	Money Overnight	Money w/Messenger	Securities	Checks	Payroll Money	Payroll Checks
1. Primary location listed above	\$	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$	\$

**LOCATION 1: PROTECTION QUESTIONS:**

What type of safe is on Premises? \_\_\_\_\_

What type of Safe Alarm is utilized? \_\_\_\_\_

What type of Premises alarm is utilized? \_\_\_\_\_

Does the Premises alarm protect:  Safe Only?  Vault Only?  Perimeter Only?  Entire Premises?

How many Guards/Watchpersons are on Premises at all times: During Operating Hours? \_\_\_\_\_ While closed? \_\_\_\_\_

Describe any other Physical Protection on Premises: \_\_\_\_\_

What amount of Money, Checks and Securities is left on premises overnight? \$ \_\_\_\_\_

Is a Check Register Maintained? YES  NO

Are all Checks stamped "For Deposit Only" upon receipt? YES  NO

How often are bank deposits made? \_\_\_\_\_

Does Applicant regularly use Bank Night Depository? YES  NO

Is Covered Property transported by:  Armored Motor Vehicle, or Guard?  Messenger?  Private conveyance?

Complete Printed Name of Applicant: \_\_\_\_\_

**LOCATION 2: PROTECTION QUESTIONS:**

What type of safe is on Premises? \_\_\_\_\_

What type of Safe Alarm is utilized? \_\_\_\_\_

What type of Premises alarm is utilized? \_\_\_\_\_

Does the Premises alarm protect:  Safe Only?  Vault Only?  Perimeter Only?  Entire Premises?

How many Guards/Watchpersons are on Premises at all times: During Operating Hours? \_\_\_\_\_ While closed? \_\_\_\_\_

Describe any other Physical Protection on Premises: \_\_\_\_\_

What amount of Money, Checks and Securities is left on premises overnight? \$ \_\_\_\_\_

Is a Check Register Maintained? YES  NO

Are all Checks stamped "For Deposit Only" upon receipt? YES  NO

How often are bank deposits made? \_\_\_\_\_

Does Applicant regularly use Bank Night Depository? YES  NO  Is Covered Property transported by:

Armored Motor Vehicle, or Guard?  Messenger?  Private conveyance?

**\*\*\*\*If there are more than two locations, use an additional application for crime information\*\*\*\***

MISCELLANEOUS – Underwriting data requested for any additional coverages being considered.

Excess Fidelity Coverage (List names and amounts)

To the best of the applicant's knowledge and belief, applicant has no information of any dishonest act committed by any employees either before or after becoming an employee of the applicant.

The first term premium for the Policy applied for, and subsequent premiums thereon, are due at the beginning of each premium period. The Company is entitled to additional premiums as a result of any unusual increase in the number of Employees or Premises and the Applicant agrees to pay all such premiums promptly.

SIGNED AND DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

Applicant and agent acknowledge, by their respective signatures, the Fraud Warning contained herein.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

**FRAUD WARNING**

INSURANCE FRAUD - 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.

**NGM'S CRIME UNDERWRITING GUIDELINES**

- Favorable loss ratio for the past 3 –6 years
- No more than five (5) locations to be covered
- Overnight Limit for Insuring Agreement 3 (Inside the Premises) when premises are closed – WITH NO SAFE: \$ 100.00  
WITH ANY SAFE: \$2500.00

**AGENTS COMMENTS AND RECOMMENDATIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
**AGENT'S SIGNATURE**