

# APPLICATION FOR A FINANCIAL INSTITUTION CRIME POLICY FOR SECURITIES BROKERS AND DEALERS (AGGREGATE FORM)

I. GENERAL INFORMATION	
<b>Name Of Insured (Applicant):</b>	
(List all Insureds including Employee Benefit Plans you sponsor that are subject to ERISA.)	
<b>Mailing Address:</b>	
<b>Policy Period Requested:</b>	
From 12:01 AM on:	to 12:01 AM on:
<b>Premium Payable:</b> <input type="checkbox"/> Annually <input type="checkbox"/> Three-year Prepaid <input type="checkbox"/> Three-year Equal Annual Installments	
<input type="checkbox"/> Other:	
<b>Insured Is A:</b>	
<input type="checkbox"/> Stockbroker	<input type="checkbox"/> Investment Banker
<input type="checkbox"/> Investment Trust	<input type="checkbox"/> Mutual Fund
<input type="checkbox"/> Endowment Fund	<input type="checkbox"/> Commodity Broker
<input type="checkbox"/> Dealer In Securities	
<input type="checkbox"/> Foundation	
<input type="checkbox"/> Other:	
<b>Organizational Structure:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
<b>Date Insured Was Established:</b>	
<b>Name Of Current Insurance Carrier (if different):</b>	
<b>Complete The Following:</b>	
1. Assets as of latest December 31:    \$	
2. Assets as of latest June 30:            \$	
List exchanges which you are a member of:	
Are you a member of the Financial Industry Regulatory Authority (FINRA)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are accounts insured by the Securities Investors Protection Corporation (SIPC)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Coverage Is Being Written:**  Primary  Excess  Concurrent  
 Coindemnity  Coinsurance

If coverage is being written on excess, concurrent or coindemnity basis, show the names of the other carriers and policy limits:

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If coverage is being written on a coinsurance basis, show your percentage participation: \_\_\_\_\_ %  
**(Note: Insured may assume a participation of between 5% and 25%.)**

Are you a direct participant in a depository for the central handling of securities?  Yes  No  
If "Yes", list the name and location of each depository below.

Name	Location

Has coverage provided by a prior insurance carrier been reinstated or waived on any of your current employees?  Yes  No  
If "Yes", list the name of the employee(s):

**II. COVERAGE REQUESTED**

**A. Policy Aggregate Limit Of Insurance: \$**  
If this policy is being written on a multiyear basis:

1. Do you desire having the Policy Aggregate Limit Of Insurance apply to the entire Policy Period?  Yes  No

2. Do you desire having the Policy Aggregate Limit Of Insurance apply to each consecutive one-year term of the Policy Period?  Yes  No

**B. Complete the following for Insuring Agreements, Limits and Deductibles desired:**  
**(Note: For FINRA members, Insuring Agreements 1. through 6. are mandatory. All other insuring agreements are optional and may be written in a limit less than or equal to the Insuring Agreement 1. limit. Refer to FINRA Rule 4360 (Fidelity Bonds) for minimum coverage and deductible requirements. For all other Insureds, Insuring Agreement 1. is mandatory. All other insuring agreements are optional and may be written in a limit less than or equal to the Insuring Agreement 1. limit. Deductibles may be written in any amount.)**

Insuring Agreements/Coverage	Yes	No	Single Loss Limit Of Insurance	Single Loss Deductible Amount
<b>1. Fidelity</b>			\$	\$
Are Partners covered?	<input type="checkbox"/>	<input type="checkbox"/>		
If "Yes", indicate Single Loss Limit Of Insurance and Single Loss Deductible Amount if different than above.			\$	\$
Are Data Processors excluded?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2. On Premises</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>3. In Transit</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>4. Forged Or Altered Instruments</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Is extended coverage on instruments desired?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5. Forged, Altered Or Counterfeit Securities</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Is extended coverage on securities desired?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6. Counterfeit Money</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>7. Computer Fraud</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>8. Voice Initiated Transfer Fraud</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>9. Telefacsimile Transfer Fraud</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>10. Audit And Claims Expense</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Is extended coverage desired?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>By Endorsement</b>				
Include Nonemployee Registered Representatives As Employees	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Automated Teller Machines	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Total number of machines within and outside your premises:				
Extortion – Threats To Persons Or Property	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Facsimile Signatures	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Telephone Toll Fraud	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Electronic Records And Signatures	<input type="checkbox"/>	<input type="checkbox"/>		
If "Yes", coverage is desired under (check all that apply):				
<input type="checkbox"/> Insuring Agreement 4.			\$	\$
<input type="checkbox"/> Insuring Agreement 5.			\$	\$
<b>C. For Voice Initiated Transfer Fraud Coverage, indicate the dollar amount of the callback threshold to the originator of an instruction: \$</b>				
<b>D. For Telefacsimile Transfer Fraud Coverage, indicate the dollar amount of the callback threshold to the originator of an instruction: \$</b>				

**E.** List below the name and location of each data processor to be covered, authorized by you to perform services such as data processing of your checks and accounting records related to such checks:

Name	Location

**F.** If you desire Extortion – Threats To Persons Or Property Coverage, list the countries where your employees travel:

**III. RATING INFORMATION**

For all Named Insureds, show the total number of: No. Of

1. Salaried officers, full- and part-time employees, retained attorneys and persons provided by employment contractors:
2. Consultants (if any) who are former employees or directors:
3. Partners:
4. Nonemployee registered representatives (other than those counted in 1. and 3. above):
5. Locations (other than the Home Office of the first Named Insured) in the United States (including its territories and possessions), Canada and Puerto Rico:
6. Locations outside of the United States (including its territories and possessions), Canada and Puerto Rico:

**IV. UNDERWRITING**

**A.** Audit Procedures:

1. Is there an annual audit by an independent CPA made in accordance with generally accepted auditing standards and so certified?  Yes  No
2. If the answer to 1. is "No", explain the scope of the CPA's examination:
3. Is the audit report rendered directly to the Board, if a corporation, or to all partners, if a partnership?  Yes  No
4. Name and location of CPA:
5. Date of completion of the last audit by CPA:
6. Is there a continuous internal audit by an Internal Audit Department?  Yes  No

If "Yes", are monthly reports rendered directly to the Board, if a corporation, or to all partners, if a partnership?  Yes  No

<p>Does it include EDP auditing? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "No" explain:</p>	
<p>7. Are money and securities actually counted and verified? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	
<p>8. Are the ledger balances to the credit of customers verified? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	
<b>B. Internal Controls (Other Than Audit Procedures):</b>	
<p>1. Do you require annual vacations of at least two consecutive weeks for all officers and employees? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "No", explain:</p>	
<p>2. Is there a formal, planned program requiring the rotation of duties of key personnel without prior notice thereof? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	
<p>3. Is there a formal, planned program requiring segregation of duties so that no single transaction can be fully controlled from origination to posting by one person? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "No", explain:</p>	
<p>4. Is countersignature of checks required? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "No", explain:</p>	
<p>5. Are monthly statements (with or without activity in the account) mailed directly to all customers? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "No", explain:</p>	
<p>6. Are official checks and drafts preprinted, sequentially numbered and under dual control? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	
<p>7. Are reconciliations of official checks prepared by individuals other than those authorized to issue them? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	
<p>8. Are dormant accounts flagged, segregated and maintained under dual control? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	
<b>C. Change In Ownership Or Senior Management:</b>	
<p>Has there been any change in ownership or senior management within the past three years or is change anticipated in the next 12 months? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes", explain:</p>	
<b>D. Employee Account Controls:</b>	
<p>1. Are employee accounts segregated and reviewed for unusual activity at least monthly? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	
<p>2. Are employees' immediate family members' and household members' accounts randomly reviewed for unusual activity at least quarterly? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	
<p>3. Do you disclose to your employees the fact that these accounts will be reviewed? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	

**E. Forgery Controls:**

- 1. Prior to opening a corporate account, is the customer required to provide a signed corporate resolution or letter authorizing certain individuals to open the corporate account and designating certain individuals to sign on the account?  Yes  No
- 2. Are account statements sent out on a monthly basis?  Yes  No
- 3. If statements are held for customer pickup, do you record the customer's receipt of the statement?  Yes  No
- 4. Do you verify endorsements on negotiable instruments upon presentment?  Yes  No
- 5. Are all transactions on dormant accounts reviewed on a regular basis?  Yes  No

**F. Computer Controls:**

- 1. Is computer usage preauthorized?  Yes  No
- 2. How often are employees required to change their computer passwords:
  - 3. Do you change passwords when employees leave the company?  Yes  No
- 4. Is computer output reconciled by persons who do not prepare the input or process it?  Yes  No
- 5. Is data encrypted?  Yes  No
- 6. Do you utilize port security that detects unusual activity?  Yes  No
- 7. Do you require digital certificates when making an online transaction?  Yes  No
- 8. Do you have documented Internet guidelines for employees?  Yes  No
- 9. Do you have documented emergency procedures?  Yes  No
- 10. Is your computer system protected by firewalls?  Yes  No
- 11. Do you maintain a firewall log?  Yes  No
- 12. Is your computer system supported by intrusion detection software?  Yes  No
- 13. Is your computer system supported by antivirus software?  Yes  No
- 14. Do any of your employees telecommute?
  - If "Yes", do you provide these employees with remote access to your computer systems?  Yes  No
  - Number of employees with remote access:
- 15. Do you provide access to your proprietary computer system to any third parties?
  - If "Yes", to whom?
  - For what reason?
- 16. Do you provide these third parties with IDs and passwords for accessing your web site?  Yes  No
  - Are these passwords changed when they finish their work?  Yes  No
  - What steps are taken to protect the IDs and passwords from unauthorized use?

17. How often are security audits performed?

Have you complied with all recommendations?

Yes  No

18. Has your computer system ever been invaded by a hacker or virus?

Yes  No

If "Yes", what controls have been implemented to prevent further incidences?

**G. Wire Transfer Controls:**

1. Do you transmit or receive data by:

a. Telegraph?

Yes  No

b. Teletype?

Yes  No

c. Computer link?

Yes  No

2. Do you maintain a documented procedures manual covering all wire transfers under dual control?

Yes  No

3. Do you independently verify a teletype or telegraph authorization for the payment or transfer of securities over a different wire or circuit, other than that used to transmit a request?

Yes  No

4. Are all payment instructions executed under a sequential numbering system?

Yes  No

5. Do independent employees review and reconcile all wire transfers used to transmit a request?

Yes  No

6. What is the average monthly volume of funds transferred? \$

7. What is the largest amount an employee can transfer? \$

8. What is the average size of transfers? \$

9. Are there specific employees authorized to:

a. Transfer funds?

Yes  No

b. Request changes in procedures?

Yes  No

c. Obtain records?

Yes  No

10. Is there controlled access to the wire room?

Yes  No

11. Are all telephone instructions confirmed in writing within 24 hours?

Yes  No

12. Are all wire transfer transactions confirmed in writing within 24 hours?

Yes  No

13. Do you authenticate the identity of the caller before acting upon his/her instructions?

Yes  No

**H. Electronic Signature And Record Controls:**

1. Do you engage in business transactions using electronic signatures from:

a. Your customers?

Yes  No

b. Other financial institutions?

Yes  No

c. Others?

Yes  No

If "Yes" to a., b. or c., explain:

2. What types of documents do you accept using electronic signatures (such as, but not limited to, account applications, redemption orders and trade authorizations)?

3. What is the average daily number of transactions using electronic signatures?

4. Do you use the services of a third-party authentication vendor to process digital signatures?

Yes  No

If "Yes", furnish name:

5. Do you have a policy manual of electronic record/signature procedures?

Yes  No

6. Are electronic signatures and handwritten signatures executed to electronic records and linked to their respective electronic records to ensure that the signatures cannot be excised, copied or otherwise transferred to falsify an electronic record?

Yes  No

7. What protocols are used to authenticate the identity of the sender of the electronic record?

8. What technology is used to safeguard the transmission of electronic records?

#### V. PRIOR INSURANCE

Has any insurance, similar to the kinds provided under this policy, been declined or cancelled during the past three years?

Yes  No

If "Yes", explain:

#### VI. LOSS HISTORY

Complete the following for all losses sustained, whether or not claimed, and if claimed, whether or not reimbursed, during the past three years from the completion date of this application for any insurance similar to the kinds provided under this policy.

Check if none



Date Of Loss:  
Type Of Loss:  
Amount Of Loss: \$  
Amount Of Loss Pending: \$  
Amount Received From Insurance: \$  
Amount Recovered From Other Than Insurance: \$  
Describe remedial action taken to prevent similar losses in the future:

Date Of Loss:  
Type Of Loss:  
Amount Of Loss: \$  
Amount Of Loss Pending: \$  
Amount Received From Insurance: \$  
Amount Recovered From Other Than Insurance: \$  
Describe remedial action taken to prevent similar losses in the future:

Date Of Loss:  
Type Of Loss:  
Amount Of Loss: \$  
Amount Of Loss Pending: \$  
Amount Received From Insurance: \$  
Amount Recovered From Other Than Insurance: \$  
Describe remedial action taken to prevent similar losses in the future:

**VII. ADDITIONAL REQUIRED APPLICATION MATERIALS**

As attachments to this Application, please include the following (where applicable):

- Computer control security audit and response
- Latest year-end audited financial statements
- CPA management letters and response

**The Insured (Applicant) represents that all information and statements contained in this application are true, accurate and complete. This application shall constitute part of the policy, if issued. Any intentional misrepresentation, intentional omission, intentional concealment or intentional misstatement of a material fact, in this application or otherwise, shall be grounds for the rescission of any policy issued in reliance upon such information.**

**FRAUD STATEMENT:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### **Arkansas Fraud Statement**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### **Colorado Fraud Statement**

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.

#### **District Of Columbia Fraud Statement**

**WARNING:** It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

#### **Hawaii Fraud Statement**

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

#### **Kentucky Fraud Statement**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

#### **Louisiana Fraud Statement**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **Maine Fraud Statement**

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, or a denial of insurance benefits.

### **Maryland Fraud Statement**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **New Jersey Fraud Statement**

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

### **New Mexico Fraud Statement**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

### **New York Fraud Statement**

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### **Ohio Fraud Statement**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **Oklahoma Fraud Statement**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### **Oregon Fraud Statement**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A.** The misinformation is material to the content of the policy;
- B.** We relied upon the misinformation; and
- C.** The information was either:
  - 1.** Material to the risk assumed by us; or
  - 2.** Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

### **Pennsylvania Fraud Statement**

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.

### **Puerto Rico Fraud Statement**

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 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 with the penalty of a fine 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.

### **Tennessee Fraud Statement**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

### **Vermont Fraud Statement**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

### **Virginia Fraud Statement**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

### **Washington Fraud Statement**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

<b>Name Of Insured (Applicant):</b>
<b>By:</b>
<b>Print Name:</b>
<b>Print Title:</b>
<b>Signature:</b>
<b>Date:</b>



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