



COMMERCIAL ACCOUNTS

Application for a Commercial Crime Policy

I. Applicant Information

Producer	Policy Status <input type="checkbox"/> New <input type="checkbox"/> Renewal/Replacement of Policy No. _____
Exact Name of Applicant - include all subsidiary entities, employee benefit plans, etc. to be covered:	
Mailing Address (Street, City, State, Zip)	
Organization <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP	Date Business Established
Nature of Operation – Describe Applicant’s Product(s) or Service(s)	
Size of Operation Annual Revenues: \$ _____ Total Assets: \$ _____ Total No. of Locations: _____	
Do You Have an Internet Website? <input type="checkbox"/> Yes <input type="checkbox"/> No	If “yes”, indicate URL:

II. Coverage Information

Desired Effective/Renewal Date		
Desired Insuring Agreement(s), Limit(s), Deductible(s)		
Insuring Agreement	Limit of Insurance	Deductible
1 - Employee Theft	\$	\$
2 - Forgery or Alteration	\$	\$
3 - Inside The Premises - Theft of Money and Securities	\$	\$
4 - Inside The Premises – Robbery or Safe Burglary of Other Property	\$	\$
5 - Outside The Premises	\$	\$
6 - Computer Fraud	\$	\$
7 - Funds Transfer Fraud	\$	\$
8 - Money Orders, Counterfeit Paper Currency	\$	\$
Additional Agreements or Coverage Desired (specify)	\$	\$
	\$	\$
	\$	\$
Prior Coverage to be Replaced Check if None <input type="checkbox"/>		
Policy Form/Coverage(s) Limit(s) Deductible(s) Effective Date Carrier		
Has any Coverage of the Type Requested been cancelled by any Insurer in the Last six years? (Not applicable in Missouri.) <input type="checkbox"/> Yes <input type="checkbox"/> No		

III. Rating and Supplemental Coverage Information – Insuring Agreements 1, 2, 6 and 7

Classification of Employees -- United States, U. S. Virgin Islands, Puerto Rico, Canada (show Canadian Employees separately)

Ratable Employees (as classified by position)/Locations

Ratable Employees (as classified by position)/Locations Ratable Employees consist of a) directors and trustees, while performing employee duties; b) partners, if added by endorsement; c) compensated officers; and d) compensated employees (and natural persons employed by an employment contractor while performing duties on behalf of the applicant) who handle, have custody or maintain records of money, securities or other property--including in any event all occupants of positions or equivalent positions listed below.

Note: Even though they may, on occasion, handle money, securities, merchandise or other property, the following positions should not, for that reason be classified as Ratable Employees: inside salesmen (except those of automobile dealers); inside messengers; clerks; typists; and business machine; elevator and telephone operators; factory foremen or workers; janitors; porters; laborers; and other, similar positions

	NO U.S.	NO CAN		NO. U.S.	NO CAN		NO. U.S.	NO CAN
Officials			Management			Sales		
Director (performing employee duties)	___	___	Manager	___	___	Sales Manager	___	___
Trustee (performing employee duties)	___	___	Assistant Manager	___	___	Asst. Sales Manager	___	___
President	___	___	Branch Manager	___	___	Floorwalker	___	___
Vice President	___	___	Asst. Branch Manager	___	___	Buyer	___	___
Treasurer	___	___	Dept. Manager	___	___	Assistant Buyer	___	___
Assistant Treasurer	___	___	Superintendent	___	___	Car Salesperson	___	___
Secretary	___	___	Asst. Superintendent	___	___	Salesperson (outside who collect)	___	___
Comptroller	___	___	Supervisor	___	___	Canvasser	___	___
Staff Attorney	___	___	Asst. Supervisor	___	___	Cas Station Attendant	___	___
Bursar	___	___	Purchasing Agent	___	___	Collector	___	___
Assistant Bursar	___	___	All Other	___	___	All Other	___	___
All Other	___	___						
Accounting			Stock			Delivery		
Internal Staff Auditor	___	___	Stock Clerk	___	___	Driver	___	___
Assistant Auditor	___	___	Shipping/Receiving Clerk	___	___	Driver's Helper	___	___
Cashier	___	___	Warehouseperson	___	___	Chauffer	___	___
Assistant Cashier	___	___	Custodian	___	___			
Bookkeeper	___	___	Watchperson	___	___	Computers		
Paymaster	___	___	Dietitian (who orders food)	___	___	Senior Programmer	___	___
Timekeeper	___	___	Appraiser	___	___	Senior Operator	___	___
Adjuster	___	___	Pharmacist	___	___	IT Technicians	___	___
Accountants (Senior for Acct Firms)	___	___	Bartender	___	___			
			Refinery Gauger	___	___	All other ratable Employees	___	___
Total Number of Ratable Employees	U. S. _____	Canada _____		Total Number of all Employees	U. S. _____	Canada _____		
Total Number of Retail Locations	U. S. _____	Canada _____		Total Number of All Locations	U. S. _____	Canada _____		

Insuring Agreement 1 – Extensions for special positions or exposures. Check applicable boxes and insert number of employees or provide requested information.

- Foreign Employees – Attach a separate list of countries with total employee counts for each. Partners _____
 Non-Compensated Officers _____ Volunteers – Campaign Solicitors _____ Volunteers – Others _____
 Directors and Trustees (while serving on committees performing non-directorial functions) _____

Insuring Agreement 1 - Agents Extension. Complete if coverage is desired on outside firms or contracted individuals performing employee functions:

Name of Individual or Firm	Function(s) Performed	Amount of Coverage
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Special Exposures

A. Do you, at any location, have an exposure of precious or valuable metals or stones (such as gold, platinum, palladium, rhodium, silver, diamonds, tin, elemental titanium, mercury or similarly valued material)? No Yes. If "yes", please attach a separate sheet for each location showing, for each such material, the type, form (ingots, salts, solutions, etc.) and maximum exposure by weight and dollar value. Additional information may be requested.

B. Is there likely to be a large increase in the number of employees during the premium period due to expansion, seasonal activity, etc.? No Yes (explain):

C. Do you engage in high-risk activities (investing, hedging, lending, leasing, underwriting, etc.) that require employees to exercise discretion or delegated authority in implementing company policies? No Yes If "yes", please attach details of the activities, the scope of authority granted and the provisions in place to monitor performance.

D. Do your employees regularly conduct their duties on the premises or property of others under circumstances that expose them to the valuable property of clients or customers? No Yes If "yes", please attach a detailed explanation

E. Do you, in the normal course of business, hold or process significant amounts of property of others? Or are you otherwise liable for such property? No Yes If "yes", please attach a detailed explanation.

V. Internal Control and Procedures -- All Locations

A. Indicate frequency of audits and cash accounts by an outside CPA: Annual Other (specify):

Does the audit contain the opinion of the auditing firm? Yes No

Does the audit include all interests and locations? Yes No

Frequency of audits of cash accounts and equipment inventory by internal staff: _____

B. Is countersignature required on all checks issued by the applicant? Yes No In excess of \$ _____

If "no", provide name(s), position(s) and ownership interest(s) of persons with unlimited check signing authority:

Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? Yes No

C. Are securities under the control of two or more responsible employees? Yes No

Are securities kept in a bank safe deposit box? Yes No

D. Do all purchases require the signed approval of two or more employees? Yes No

If "no", indicate maximum authority granted to any one person: \$ _____

E. Are incoming and outgoing shipments checked, and invoices or records initialed, by more than one employee before acceptance or release? Yes No

Are drivers required to account for each shipment by means of signed receipts or returned merchandise? Yes No

F. Do you move or pay funds by wire transfer? Yes No

Per day, what is

a. _____ The largest wire transfer?

b. _____ The average wire transfer?

c. _____ The average number of wire transfers?

How are requests initiated (voice, terminal, fax, etc.)?

How do you verify proper receipt of wire transfers?

How are wire transfers of all types tested (embedded codes, bank callback, send/release initiation or similar protocol)?

V. Internal Control and Procedures – continued

G. What is your hiring practice? (Check all that apply) Prior Employment Check Reference Check
 Criminal Background Check Drug Testing Credit Reports Other (describe): _____

H. Do you cancel all passwords and access cards immediately when an employee ceases employment? Yes No

I. Are employees provided a handbook that includes ethics and conflict of interest policies and are all employees made aware of these policies? Yes No if No, please explain: _____

VI. Physical Exposures and Protection – Insuring Agreements 3 and 4

Provide the following for each location with exposures of money, securities, checks or other property kept in a safe or vault exceeding the requested Deductible under Insuring Agreements 3 and 4. Please provide a separate sheet if you have multiple locations with varying exposures and protection

Address of Location #1:

Indicate maximum exposures:

Safe #1

Money \$ _____ Securities (not checks) \$ _____ Checks \$ _____ Other Property \$ _____

UL Burglary rating of safe or vault: TL-15 TR-15 TRTL-30 None Other:

or

SMNA Burglary rating of safe or vault: B C E ER None Other:

In Transit

Money \$ _____ Securities (not checks) \$ _____ Checks \$ _____ Other Property \$ _____

Transportation by: Messenger Traveling Alone Messenger With Guards Armored Car Other:

Indicate special protection (dual combination, alarms, guards, etc.) if any:

Address of Location #2:

Indicate maximum exposures:

Safe #1

Money \$ _____ Securities (not checks) \$ _____ Checks \$ _____ Other Property \$ _____

UL Burglary rating of safe or vault: TL-15 TR-15 TRTL-30 None Other:

or

SMNA Burglary rating of safe or vault: B C E ER None Other:

In Transit

Money \$ _____ Securities (not checks) \$ _____ Checks \$ _____ Other Property \$ _____

Transportation by: Messenger Traveling Alone Messenger With Guards Armored Car Other:

Indicate special protection (dual combination, alarms, guards, etc.) if any:

Attach additional sheets if necessary for additional locations.

VII. Loss History -- Check if None During Last Six Years

List all losses, of the types to be covered, incurred within the last six years. Itemize each loss separately. For Employee Theft losses involving off-site clients' property, please indicate "CLE" under "Type of Loss".

Date Loss Discovered	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Describe Circumstances of Loss and Action Taken to Prevent Repetition

Attach additional sheets if necessary

INSURANCE FRAUD PREVENTION ACT NOTICES

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.

Florida Fraud Statement: Any person who, knowingly and with intent to injure, defrauds, or deceives an 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.

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.

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.

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.

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.

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.

Signing this Application does not bind ProSurance Group, Inc. to provide or the Applicant to purchase the insurance. This Application represents that the information furnished in this Application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this Application or otherwise, shall be grounds for the recession of any Bond or Policy issued in reliance upon such information.

Must be signed by director, executive officer, partner or equivalent

Dated at _____ this _____ day of _____, 20____

Applicant

(Print Applicant Name)

By:

(Name and Title of Person Signing)



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