



Commercial Crime Policy for a Governmental Entity

APPLICATION

Name: _____ Agent: _____

(If more than one Insured, please attach a list) _____ Agent Code: _____

Address: _____

City: _____ State: _____ Zip: _____ Effective Date: _____

Predominant Business Activity: _____

Annual Tax Receipts _____ Policy Term: Annual 2 Years 3 Years

Billing: Installment Prepaid

Is your organization a: State County City Town Township Village Borough School System Or
other political subdivision? _____

DESIRED COVERAGE

- Employee Dishonesty
- Forgery or Alteration
- On Premises (Money, Securities, and Other Property)
- In Transit (Money, Securities, and Other Property)
- Money Orders and Counterfeit Paper Currency
- Computer Fraud and Funds Transfer Fraud
- Other:

LIMITS OF LIABILITY

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Deductible: \$ _____

Prior Insurer: _____ Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

Is Faithful Performance of Duty Coverage desired? Yes No

LOSS EXPERIENCE:

List all crime losses sustained during the last three years whether reimbursed or not. Check here if none

<u>Date of Loss</u>	<u>Total Amount of Loss</u>	<u>Description of Loss and Corrective Action</u>
_____	_____	_____
_____	_____	_____

	<u>Total</u>
Number of Employees	_____
Locations (other than main office)	_____

Entities that practice segregation of duties and perform background checks on new employees have a better opportunity to either prevent or detect employee dishonesty. Segregation of duties means that no single employee can control a process or transaction from beginning to end.

1. Do employees who reconcile the bank statement also :
 Make deposits? Yes No Make withdrawals? Yes No Sign checks? Yes No
2. Is there an independent audit by a CPA, public accountant or equivalent? Yes No
 If yes, date of last audit completed _____.
3. Is the audit rendered to a regulatory authority? Yes No
4. Were any discrepancies or loose practices commented upon in the audit? Yes No
5. Is there an Internal Audit Department under the control of an employee who is a public accountant or equivalent?
 Yes No If yes, to whom are the reports rendered? _____. Are all locations audited? Yes No
6. For new employees, are background checks completed which include:
 Prior employment?..... Yes No
 Criminal history?..... Yes No
 Drug testing?..... Yes No
7. Is segregation of duties practiced in the following areas: Purchasing?..... Yes No
 Inventory?.... Yes No Disbursements? Yes No Payroll? ... Yes No
8. Are the duties of the computer programmers and operators separated?..... Yes No

Please indicate maximum exposure for each location:

<u>Locations</u>	<u>Cash</u>	<u>Retail Checks</u>	<u>Credit Card Receipts and Non-retail Checks*</u>	<u>Is there a Safe? (Y or N)</u>
------------------	-------------	----------------------	--	--------------------------------------

**A non-retail check is a check presented to you and immediately endorsed "for deposit only" and then recorded in your accounting process so that it could be recreated if it were stolen, lost or destroyed.*

Note: Persons required by law to be individually bonded and treasurers or tax collectors by whatever title known are automatically excluded from coverage under Coverage Forms O and P.

Attention: Insureds in KY

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.

Date	Signature	Title
------	-----------	-------