

Easy Binding Instructions

**Fidelity Bond * Commercial Bond* Employee
Dishonesty * Forgery or Alteration
Limits of \$1 million or less**

APPLICATION FOR CRIME BOND

Applicant or Corporation Name <small>(For partnership, give full names of partners and trade names)</small>	Social Security #	Age	Married <input type="checkbox"/> Single <input type="checkbox"/>
Residence Address <small>(Street and Number) (City) (State) (Zip) (Telephone #)</small>			
Business Address <small>(Street and Number) (City) (State) (Zip) (Telephone #)</small>			
Occupation or Business	How Long so engaged?	Previous Surety	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If yes, give name and reason for change</small>
Type of Bond	Amount of Bond	Effective Date	
Complete name and address of Obligee			

GENERAL INFORMATION

The term "Applicant" means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

Agency	Code	Agent Name/License Number	Policy Number
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Year Applicant's business was established: _____

Description of Applicant's operations: _____

Year Applicant's business was established: _____

What is the Applicant's annual revenue? \$ _____

Does the Applicant now have tax exempt status under the United States Internal Revenue Code? Yes No

Is the Applicant a subsidiary of a foreign parent? Yes No

Does the Applicant currently file, or do they anticipate in the next 6 months filing, any documents with the Securities and Exchange Commission, or similar foreign authority regarding any equity or debt securities? Yes No

Subsidiary Information and 50% or more owned joint ventures under management control:

Name	% Owned	Year Started	Description of Operations	Entity Type

*Entity Types: FP = For-Profit (other than Partnership) NP = Non-Profit GP = General Partnership LP = Limited Partnership
LLC = Limited Liability Company To enter more information, please attach a separate page or an organization chart

Locations of Applicants and Number of Employees* for Each:

State or Foreign Country	# of Locations	FULL TIME EMPLOYEES		PART TIME EMPLOYEES	
		Date of Application	12 Months Ago	Date of Application	12 Months Ago

*Employees include Leased, Temporary, and Seasonal To enter more information, please attach a separate page or an organization chart

Please indicate the maximum exposure for each location:

Locations	Cash	Retail Checks	Credit Card Receipts & Non-Retail Checks
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

To enter more information, please attach a separate page or an organization chart

FINANCIAL INFORMATION

Note: Omit this section if the Applicant is required to submit a separate financial statement as directed in the Required Attachments section.

Please indicate the following as it relates to the Applicant's fiscal year end (FYE): (please indicate negative figures with "(" or "-", as appropriate)	Most Recent FYE (Month/Year)	Prior FYE (Month/Year)
1. Current Assets		
2. Total Assets		
3. Current Liabilities		
4. Long Term Debt		
5. Retained Earnings/Fund Balance (Accumulated Deficit/Fund Deficit)		
6. Net Equity/Net Assets (Deficit Equity)		
7. Revenues		
8. Net Income (Net Loss)		
9. Is the Applicant currently, or has it been in the past 24 months, in violation or has it amended any debt covenant? If "Yes", please attach an explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No	

AUDITOR INFORMATION

Scope of CPA Financial Statement preparation: Internal Compilation Review Audit None

1. Has the Applicant changed outside auditors in the last three (3) years? If "Yes", please attach an explanation Yes No N/A
2. Have the outside auditors stated there are material weaknesses in the Applicant's systems of internal controls? If "Yes", please attach an explanation and provide the latest CPA letter to management and management's response Yes No N/A
3. Has the Applicant implemented all material recommendations of the auditor? If "No", please attach an explanation Yes No N/A
4. Has any auditor issued a "going concern" opinion for the Applicant or any of its subsidiaries financial statements during the past three (3) years? If "Yes", please attach an explanation Yes No N/A

INTERNAL CONTROLS

1. Are owners active in the day to day oversight of business operations? Yes No
2. Does someone other than the person responsible for reconciling bank accounts:
 - Make Deposits? Yes No
 - Make Withdrawals? Yes No
 - Sign Checks? Yes No
3. Is countersignature of checks required? Yes No If Yes, what is the dual signing limit? \$ _____
4. Is segregation of duties practiced in the following areas:

Inventory management?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash receipts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vendor approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oversight of blank check stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase order approval and payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retail checks and credit card receipts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wire transfer receipts and payments	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Are all incoming checks stamped "for deposit only" immediately upon receipt? Yes No
6. Is a physical count of inventory conducted at least annually? Yes No
7. Are inventory records computerized? Yes No
8. Are the duties of computer programmers and operators separated? Yes No
9. Is dual authorization required for all wire transfers? Yes No N/A
10. Do you perform any of the following on candidates for new employment:

Verification of Prior Employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit History?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal History?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education Verification?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

11. Please indicate if you have or perform any of the following:

Business Practices/Policies:

- Formal written business plan?
- Code of Ethics?
- Fraud Policy?
- Conflict of Interest Policy?
- Confidential hotline or procedure for employees to report violations in your policies?

Physical Controls:

- Guards/Watchmen
- Premises Alarm Systems
- Messengers
- Controlled Premises Access
- Other protection

UNIQUE/SIGNIFICANT EXPOSURES

Please indicate any of the following characteristics or exposures that apply to your business operations:

- Precious Metals or Gemstones
- Proprietary credit cards
- Care, custody and control of clients' property
- High Unit, Portable Inventory
- Employee credit cards
- Active participation in more than one industry
- Joint Ventures
- Managed Assets of Others
- Computer chips
- Art collection or other valuable collectibles
- Proprietary Trading Activity
- Warehousing operations
- None applicable
- Narcotics

If you checked any of the characteristics or exposures above, please provide details that quantify the exposure and briefly describe the controls in place to protect you from loss in a separate attachment

COVERAGE INFORMATION

Note: Omit this section if the Applicant is required to submit a separate financial statement as directed in the Required Attachments section.

Desired Crime Coverage	Expiring Limit	Expiring Retention	Requested Limit	Requested Retention
Fidelity: Employee Theft				
Fidelity: ERISA Fidelity				
Fidelity: Employee Theft of Client Property				
Forgery or Alteration				
On Premises (Money, Securities and Other Property)				
In Transit (Money, Securities and Other Property)				
Money Orders and Counterfeit Money				
Computer Crime				
Funds Transfer Fraud				
Personal Accounts Protection				
Claim Expense				

Expiring Insurer: _____ Expiring Premium: \$ _____

LOSS INFORMATION

Has the **Applicant** sustained any Crime-related losses during the past three years? Yes No

If "Yes", please complete the table below

Vq'vj g'gz wgv'vj cv'cp { 'tqu'y j lej 'eqwf 'dg'eqxgtgf 'd { 'j ku'r qrl { 'y cu'öF kœqxtgf ö.'cu'f ghp'f 'lp'j ku'r qrl { ."
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Date of Loss	Amount of Loss	Description of Loss	Corrective Procedures Implemented
	\$		
	\$		
	\$		

REQUIRED ATTACHMENTS

As part of this Application, submit the following documents with respect to the **Applicant**:

- Most recent annual financial statement, for limit requests of \$5,000,000 or greater
- CPA Management Letter, if prepared, for limit requests of \$5,000,000 or greater
- If coverage for Employee Theft of Client Property (Third Party Crime) is requested, submit Third Party Crime Supplemental Questionnaire.

SIGNATURE SECTION

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED IN CONNECTION WITH THE APPLICATION PROCESS, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Attention: Insureds in AR, CO, DC, FL, KY, LA, ME, NJ, NM, NY, OH, OK, PA, TN, and VA

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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.)

(In Pennsylvania, 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 or concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.)

Signature of **Applicant's** Authorized
Representative (President or CEO)

Title: _____

Name (Printed):

Date: _____

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the Section and Question Number (e.g., Financial Information, #9).