

## WORKSHEET FOR COMBINATION CRIME POLICY

1. NAME OF APPLICANT			2. BUSINESS ADDRESS		
3. EFFECTIVE DATE	4. PREMIUM TERM	5. PRODUCER NO.	6. PRODUCER		
7. Doing Business As Individual Proprietorship Partnership Corporation			8. No. Of Branches	9. When Established	10. Gross Annual Sales
11. Nature of Business			12. Has Applicant Or Predecessor In Interest Ever Been insolvent Or Bankrupt? YES ( )NO		
13. If Not A Corporation, List Owners					

### INSURANCE DESIRED:

<b>COVERAGE FORMS</b>				Limit	Deductible
				\$	\$
A	Employee Dishonesty			\$	\$
B	Forgery Or Alteration	Checks Drawn By Insured		\$	\$
C	Theft, Disappearance And Destruction	Money And Securities	Section 1 (Premises)	\$	\$
			Section 2 (Messenger)	\$	\$
D	Robbery And Safe Burglary	All Except Money And Securities	Section 1 (Premises)	\$	\$
			Section 2 (Messenger)	\$	\$
E	Premises Burglary	All Except Money And Securities		\$	\$
F	Computer Fraud			\$	\$
H	Premises Theft & Robbery Outside The Premises	All Except Money And Securities		\$	\$
	Other			\$	\$

### GENERAL INFORMATION TO BE COMPLETED BY ALL APPLICANTS:

List All Locations To Be Covered	Purpose -- Mfg., Retail, Wholesale, Etc.	Merchandise -- Predominant Type
Main Office Address		
Branch Addresses		
#1		
#2		
#3		
*NOTE: List additional locations, if any, on a separate worksheet.		

### SUBSIDIARY AND AFFILIATED COMPANIES TO BE COVERED (If Welfare & Pension Plans are to be covered please complete FK 0805 Application)

Name and Address	Relationship To Applicant	Nature Of Business

**WORKSHEET FOR COMBINATION CRIME POLICY - Continued**

OTHER INSURANCE WRITTEN BY A COMPANY IN FAVOR OF APPLICANT IS:

Type	Policy No.	Approx. Annual Prem.	Renewal Date

**EMPLOYEE DISHONESTY (FIDELITY), BURGLARY AND ROBBERY LOSS RECORD DURING PAST SIX YEARS -- Check If None [ ]**

Kind Of Loss (Dishonesty, Burglary Or Robbery)	Amount Of Loss	Date	Remedial Action By Employer (Furnish Complete Details On Separate Sheet)

**EMPLOYEE DISHONESTY (FIDELITY) AND/OR BURGLARY INSURANCE DURING PAST SIX YEARS**

Name Of Insurance Company	Kind Of Insurance	Premium Term Dates

Has Any Prior Carrier Ever Cancelled, Refused To Renew, Or Applied Upset Rates? [ ] YES [ ] NO

**PROTECTIVE CONTROLS NOTE: If Coverage Form A is not required, skip to page 5.**

<p>1. How often will there be an audit by an outside C.P.A.? Name of Firm: _____</p> <p>Are all locations included? .....[ ] Yes [ ] No</p> <p>2. Will there be an audit by an officer or employee who is a C.P.A.? .....[ ] Yes [ ] No</p> <p>How Often? _____ By Whom – Position? _____</p> <p>3. Are audit reports given directly to owner or partners or board of directors? .....[ ] Yes [ ] No</p> <p>4. Is counter-signature required on all checks? [ ] Yes [ ] No</p> <p>5. Is a perpetual inventory kept? .....[ ] Yes [ ] No</p>	<p>6. Is a complete inventory made with physical check of stock and equipment? .....[ ] Yes [ ] No</p> <p>How Often? _____ By Whom – Position? _____</p> <p>7. Is monthly bank statement reconciled by one not making deposits or withdrawals? .....[ ] Yes [ ] No</p> <p>8. Is verification or spot check made of accounts receivable ledger by one of your staff other than the person (s) normally working with such records? .....[ ] Yes [ ] No</p> <p>How Often? _____ By Whom – Position? _____</p> <p>9. Do branch locations bank locally? ...[ ] Yes [ ] No</p> <p>If so, are duplicate copies of monthly bank statements and deposit slips sent directly to the main office by the bank? .....[ ] Yes [ ] No</p>
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**COMPUTER CONTROLS -- CHECK HERE IF NOT APPLICABLE - [ ]**

<p>1. Are the duties of programmers and console operators separated? .....[ ] Yes [ ] No</p> <p>2. Is the output reconciled by persons who do not prepare the input or process it? .....[ ] Yes [ ] No</p> <p>3. Does auditor run tests to detect program changes made without him/her being advised? .....[ ] Yes [ ] No</p>	<p>4. Does the auditor inspect records in storage occasionally? .....[ ] Yes [ ] No</p> <p>5. Is there pre-authorization of all computer usage (especially overtime), including operating instructions, programs to be used, tape reference files to be drawn from library, and planned start and stop time of run? .....[ ] Yes [ ] No</p>
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**WORKSHEET FOR COMBINATION CRIME POLICY - Continued**

**DUTIES OF OUTSIDE EMPLOYEES**

1. Handle Refunds? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No	8. Average daily collections ..... \$ _____
2. Handle Trade-Ins? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No	9. How often are collections turned in? [ <input type="checkbox"/> Daily [ <input type="checkbox"/> Weekly [ <input type="checkbox"/> Other
3. Authority to Extend Credit? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No	10. Carry merchandise? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No
4. Deduct Commisions? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No	11. Value of merchandise? .....\$ _____
5. Office Direct Bills All Credit Accounts? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No	12. How often is merchandise inventoried? [ <input type="checkbox"/> Daily [ <input type="checkbox"/> Weekly [ <input type="checkbox"/> Other
6. Deposit Collections? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No	13. Are salespeople subject to written agreement? ... [ <input type="checkbox"/> Yes [ <input type="checkbox"/> No (Attach Copy)
7. Collections Are: ____% Cash ____% Checks [ <input type="checkbox"/> N/A	

**PURCHASING AND RELATED FUNCTIONS PROTECTIVE CONTROLS -- CHECK HERE IF NOT APPLICABLE -- [  ]**

1. Are competitive bids taken with the requirement that all orders are placed with the lowest bidder? .. [ <input type="checkbox"/> Yes [ <input type="checkbox"/> No	9. Are suppliers' invoices matched with related purchase orders and receiving reports and attached to the checks for review at the time the checks are signed? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No
2. Is your purchasing department required to check alternate sources of supply on a regular basis and make a written report to an officer outside the purchasing department?.....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No	10. Are invoices cancelled after payment to avoid re-use? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No
3. Are suppliers investigated as to financial stability and reputation and purchases made only from those on the approved list? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No	11. Do you have a positive system to detect payment to fictitious suppliers? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No
4. Are any of the employees permitted to have a financial interest in firms that supply goods or services to the company? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No	12. Do you have a created error program? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No
5. Do you have a published policy prohibiting employees from accepting gifts or favors from suppliers? ...[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No	Does it include: Listing fictitious invoices in purchasing journals? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No
6. Are all supply requisitions for initiating orders prepared outside of the purchasing department? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No	Removing serially numbered documents to determine if their disappearance will go undetected? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No
7. Are all purchase orders pre-numbered and are copies made for the accounting, receiving, auditing and initiating department? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No	Resubmitting paid invoices to see if they are paid a second time? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No
8. Does any one person have sole authority to handle the order placement and the disbursing function? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No	Other – please describe on a separate worksheet .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No
	13. Have special controls been established over purchase and sales invoices in cases where merchandise is purchased for direct shipment to your customers? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No
	14. Are frequent checks made by someone not responsible for any of the preceding activities to see that each regulation is being enforced? .....[ <input type="checkbox"/> Yes [ <input type="checkbox"/> No

**AUTHORITY OF EMPLOYEES -- LIST NAMES OF EMPLOYEES AUTHORIZED TO DO ANY OF THESE ACTIVITIES:**

Sign Checks	Issue Warehouse Receipts	Handle Bank Deposits	Approve Payroll

**VALUABLE METALS EXPOSURES**

Do any of your locations have a metal exposure of the following kinds: chromium, copper, gold, iridium, mercury, nickel, osmium, palladium, platinum, radium, rhodium, ruthenium, silver, tin, tungsten, and any of their alloys;whether or not the metal is in the form of raw material, tools or equipment used in production or as a part of any manufactured product? (if Yes, complete Valuable Metals Worksheet, FK 0671.).....[  Yes [  No

**WORKSHEET FOR COMBINATION CRIME POLICY – Continued**

**PERSONNEL INFORMATION:**

Fill in this list of position designations which apply to the personnel of the employer. Since premium is based on the underwriter's analysis of the personnel list, its accuracy and completeness are most important.

OFFICIALS	NUMBER	MANAGEMENT	NUMBER	SALES	NUMBER
CHAIRPERSON		MANAGERS		SALES MANAGER	
PRESIDENT		ASSISTANT MANAGERS		ASSISTANT SALES MANAGER	
VICE PRESIDENT		BRANCH MANAGERS		BRANCH SALES MANAGER	
TREASURER		DEPARTMENT MANAGERS		SALESPEOPLE (OUTSIDE WHO COLLECT)	
ASSISTANT TREASURER		SUPERINTENDENTS		SALESPEOPLE (OUTSIDE NO COLLECT)	
SECRETARY		FACTORY SUPERINTENDENTS		SALESPEOPLE (INSIDE)	
ASSISTANT SECRETARY		PURCHASING AGENTS		DEMONSTRATORS	
COMPTRROLLER		SUPERVISORS		CANVASSERS	
ASSISTANT COMPTRROLLER		BUYERS		COLLECTORS	
		CREDIT MANAGERS & CLERKS		DRIVERS (COLLECTIONS)	
		ATTORNEYS		DRIVERS HELPERS	
		ADMINISTRATORS & ASST. ADMINISTRATORS		CHAUFFEURS (COLLECTIONS)	
<b>ACCOUNTING</b>		STOCK		CHAUFFEURS (NO COLLECTIONS)	
ACCOUNTANTS		SHIPPING CLERKS			
AUDITORS		RECEIVING CLERKS			
ASSISTANT AUDITORS		HELPERS - SHIPPING DEPT.			
CASHIERS		HELPERS - RECEIVING DEPT.		OTHER POSITIONS	NUMBER
BOOKKEEPERS		CHECKERS		MESSENGERS (INSIDE)	
PAYMASTERS		STOCK CLERKS		MESSENGERS (OUTSIDE)	
PAYROLL CLERKS		SUPPLY CLERKS		ALL INSIDE CLERICAL	
CASH HANDLING CLERKS		CUSTODIANS / JANITORS		COMPUTER PROGRAMMERS	
TIMEKEEPERS,		WATCHPERSONS		ALL OTHER POSITIONS	
ADJUSTERS		Chefs, Dietitians, Stewards Who Order Food			
APPRAISERS		STOREKEEPERS			
		WAREHOUSE PERSONS		<b>TOTAL NUMBER OF ALL EMPLOYEES</b>	

<p><b>Does The Employer Contemplate Any Expansion of Its Business During The Coming Year Which Is Likely To Result In A Significant Increase In The Number of Employees?</b></p>	<p>[ ] YES [ ] NO</p>
<p><b>Is The Number Of Employees Likely To Be Increased Substantially During The Premium Year Because Of Seasonal Activity Or Any Other Circumstances Peculiar To The Employer's Business?</b></p>	<p>[ ] YES [ ] NO</p>
<p><b>Does The Information Provided On This Application Apply To All Locations? If Not, Please Describe Any Variations On A Separate Sheet.</b></p>	<p>[ ] YES [ ] NO</p>

**WORKSHEET FOR COMBINATION CRIME POLICY - Continued**

**NOTE:** Complete the next block if Coverage C or D is desired.

On Premises Location	Daytime Exposure		Overnight Exposure		Type Of Safe	Number Of Daytime Guards	Describe Property Other Than Cash And Securities That Is Kept in Safe	
	Cash & Securities (Except Checks)	Checks	Cash & Securities (Except Checks)	Checks			Amount	Type Of Property
MAIN OFFICE								
BRANCH #1								
BRANCH #2								
BRANCH #3								
Are Checks Kept Separate From Cash? [ ] YES [ ] NO			Are Adequate Records Maintained So That Duplicate Checks Can Be Obtained For Replacement [ ] YES [ ] NO			Are Checks Stamped 'For Deposit Only' As They Are Received? [ ] YES [ ] NO		

**NOTE:** Complete the next block if Coverage Forms C, D, E or H are desired.

Location	(a) Signal Outside Central Station (b) Gong On Outside of Premises	Are Keys To Premises In Possession Of Alarm Company?	Is Alarm Connected To Safe?	Class	Installation	Certificate Number	Expiration Date	Number of watch- persons	How Often Make Rounds ?	(a) Register On Watch- person Clock (b) Signal Outside Central Station
MAIN OFFICE										
BRANCH #1										
BRANCH #2										

**NOTE:** Complete the next block if Coverage Forms C or D are desired.

Off Premises Location	Daily Exposure		No. Of Messengers			No. Of Guards	Public Or Private Conveyance
	Cash & Securities (Except Checks)	Checks	Bank	Salesmen	Drivers		
MAIN OFFICE							
BRANCH #1							
BRANCH #2							
BRANCH #3							

**NOTE:** Complete the next block if Coverage Forms C, D, E or H are desired.

Amount Of Coverage Desired	Main Office	Branch # 1	Branch #2	Branch #3
Coverage E >	\$	\$	\$	\$
Coverage H >	\$	\$	\$	\$
Is Premises Enclosed By A Fence?	YES NO	YES NO	YES NO	YES NO
Is There Barbed Wire On Top?	YES NO	YES NO	YES NO	YES NO
Are Gates Locked At Night?	YES NO	YES NO	YES NO	YES NO
If Premises Is Entirely Surrounded By A Fence, How High Is The Fence And What Is Its Construction And Condition?				
Is Part Or All Of Premises Floodlighted?	YES NO	YES NO	YES NO	YES NO

THIS INFORMATION OBTAINED FROM: \_\_\_\_\_ TITLE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_