

BROKERING AGENT'S REGISTER NUMBER #:

(IMPORTANT: IN ORDER FOR COVERAGE TO BE BOUND ALL QUESTIONS MUST BE ANSWERED COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, UNSE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING TELEPHONIC, ELECTRONIC OR FACSIMIL APPROVAL FROM THE INSURER.)

CRIME APPLICATION

[] NEW [] RENEWAL

Proposed Effective Date: _____ To _____ Policy Number: _____

Applicant/Insured:				
DBA:		Producers Name & Address:		
Address:				
City & State:	Zip:			
Inspection Contact:	Phone: () -			
Accounting Contact:	Phone: () -	Agent's 2-20 License #:		
[] Individual	[] Partnership	[] Corporation	[] Non-Prof Corp.	Years in business: _____

Coverage:

Coverage	Limit	Deductible
Employee Theft [] Blanket [] Schedule	\$ _____	
Inside the Premises (Theft of Money & Securities) [] Blanket [] Schedule	\$ _____	
Inside the Premises (Robbery or Burglary of Other Property) [] Blanket [] Schedule	\$ _____	
Outside the Premises (Money & Securities of Other Property) [] Blanket [] Schedule	\$ _____	

General Information:

Explain all "Yes" responses in the space provided below.

- | | | |
|---|---------|--------|
| 1. Are Volunteers Used? | [] Yes | [] No |
| If yes, How many? | | |
| 2. Any employees leased to others? | [] Yes | [] No |
| If yes, give numbers and explain. | | |
| 3. Any employees leased from others? | [] Yes | [] No |
| If yes, give numbers and explain. | | |
| 4. Any employees perform money investing or trading? | [] Yes | [] No |
| 5. Any employees receive or issue warehouse receipts? | [] Yes | [] No |
| 6. Any employee(s) been cancelled for crime coverage by an insurer? | [] Yes | [] No |
| 7. Does applicant have any written agreements with clients? | [] Yes | [] No |
| 8. Does applicant transfer any funds via phone or fax? | [] Yes | [] No |
| 9. Any exposure from loss to guest property? | [] Yes | [] No |

Use this space for any necessary explanation. (If more space in needed, use a separate sheet).

Classification of Employees/Locations

List all officers and employees (Including those construed to be employees by endorsement), other than agents and partners, who handle or have custody of money, securities or other property, including, in any event, the positions listed below:

Number of:	Number of:	Number of:	Number of:
Accountants and Assts.	Collectors	Locker Room Attendants	Stock Clerks
Adjusters	Computers Programmers	Maitre D's and Assts.	Storekeepers
Administrators and Assts.	Comptrollers and Assts.	Managers and Assts.	Storeroom Personnel
Appraisers	Credit Clerks	Medical Directors	Superintendents and Assts.
Attorneys	Custodians	Messengers, Outside	Supervisors and Assts.
Auditors and Assts.	Delivery Persons	Payroll Distributors	Taxi Drivers
Bookkeepers	Demonstrators	Purchasing Agents and Assts.	Teachers having custody of Money or Securities
Bus Drivers	Dietitians who order food.	Receiving Clerks	Timekeepers and Assts.
Buyers and Assts.	Divers and Driver's Helper	Refinery Gaugers of oil Companies.	Truck Drivers
Canvassers	Food Inspectors	Salespeople	Warehouse Personnel
Cashiers and Assts.	Head Pharmacist	Security Personnel	Wine Cellar Personnel
Chairpersons	Instructors having custody of Money or Securities	Service Station Attendants	Wine Stewards/esses
Chefs who order food	Janitors	Shipping Clerks	All other Officers and Employees not listed above
Number of Officers: _____	Total Number of other Employees: _____	Manufacturers, Processors, Wholesalers or Distributors; Number of Retail Locations: _____	All Other Classes; Number of Locations Other than Home or Head Offices: _____

Controls and Audit Procedures:

Audits			
1. Is there an Audit By: [] CPA [] Public Accountant [] Staff [] Other: _____		6. Date of completion of last audit of: Cash & Accounts: _____ Inventory: _____	
2. Name and Address of person or firm performing audit:		7. Were any discrepancies or loose practices committed upon this audit? If yes, submit a copy of the audit and auditor's comments.	[] Yes [] No
3. All Locations audited?	[] Yes [] No	8. Does audit include inventory?	[] Yes [] No
4. Is audit made in accordance with generally accepted auditing standards and so certified?	[] Yes [] No	9. Audit Frequency? [] Annual [] Semi-Annual [] Quarterly [] Other: _____	
5. Audit report is rendered to: [] Owner [] Partners [] Board of Directors [] Other: _____		10. Are references of all new hires checked with respect to employment history?	[] Yes [] No
Banking/Other			
1. Are banks accounts reconciled by someone not authorized to deposit or withdraw?	[] Yes [] No	3. Will securities be subject to joint control of two or more responsible employees?	[] Yes [] No
2. Is countersignature of checks required? If not, who signs controls?	[] Yes [] No	4. Are all officers and employees required to take annual vacations of at least five consecutive business days?	[] Yes [] No

Money Securities (Enter the exposures for each category, amounts entered should be maximum exposure).

Type	Money	Securities (Other than payroll Cks.)	Checks (Excl. retail Cks.)	Payroll Checks	Money Overnight	Securities (In bank/safe deposit)
Inside	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Passenger #1	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Passenger #2	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Property:

Description of Property, Merchandise, Stock, Etc.	Maximum Value

Miscellaneous Information:

Business Hours	Avg. # Employees on Duty	Checks Stamped for Deposit Only	Frequency of Deposits	Night Depository Used	Annual Gross Sales or Receipts for Last Fiscal Year	Does Premises have Double Cylinder Door Locks?	Other Information
						[] Yes [] No	

Safe/Vault:

Manufacturer	Label		Class	Door Type		Combination Locks			Thickness	
	UL	SMNA		Round	Square	Outer	Inner	Chest	Door	Wall

Messenger Protection:

Messenger	# of Guards / Messenger	Private Safety Conveyance Used?		Safety Satchel Used?	
		[] Yes	[] No	[] Yes	[] No
		[] Yes	[] No	[] Yes	[] No
		[] Yes	[] No	[] Yes	[] No

Premises / Safe Protection

Alarm Type	Alarm Description	Grade	Extent of Protection	Alarm Installed & Serviced By:	# of Guards
[] Hold Up	[] Local Gong		Safe/Vault		
[] Premises	[] Central Station		[] Partial		
[] Safe	[] Police Connect		[] Complete	[] 1 [] 2 [] 3	
	[] With Keys				# of Watch Persons
Certificate #:	Accessible Openings & Protection		Other Protection (Fences, Floodlights, etc.)		
Expiration Date:					

I agree that if my down payment or full payment check is uncollectible due to a returned check because of insufficient funds or any other form of dishonored payment including but not limited to an electronic transaction, coverage will be void or null from inception.

This application is in compliance with Florida Statute 626.752. A copy has been furnished to the applicant or insured and coverage is () Bound Effective 12.01 am _____ (Date) _____ (Not Bound)

On this application, Florida Statute 627.409 states: "A misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the contract or policy..."

Any person who knowingly and with intent to injure, defraud, or deceive any insurer file a statement of claim or an application containing any false, incomplete or misleading information is guilty of a FELONY of third degree.

I agree and understand that this application will be made part of the policy when issued.

I understand this application is not a binder indicated as such on this form by the Brokering Agent.

Insured's Signature

Agent's Signature

Date