



ZURICH

Designated Agent's Questionnaire

Insured/Applicant Name: _____
Policy Number: _____ Effective Date: _____

Complete a Separate Questionnaire for Each Agent, Attach Separate Sheet with Answers as Needed

General Information:

1. What is the name and address of your agent?
2. What is their form of business, i.e., corporation, partnership, LLC, etc.?
3. What is their website address?
4. Describe the products and services of their predominant business or activity.
5. Describe the extent of your investigation into the qualifications of the agent who is acting on your behalf?
6. What specific duties will they perform?
7. Have they had any fidelity or crime losses whether covered by insurance or not in the last 5 years? Fully describe all losses.
8. Do they currently have fidelity coverage? If yes, provide carrier name, effective dates, limits and deductibles.
9. How much money is the agent handling for you on a monthly basis? \$ _____
10. Describe the monetary amount and volume of any negotiable and non-negotiable instruments or contracts representing either money or other property handled by your agent on your behalf.
11. Is your agent handling any property other than money and securities on your behalf? If yes, describe.

Financial Controls between You and Your Agent:

1. Describe the financial controls in place between you and your agent. Are controls contractual?
2. Describe the level and depth of oversight you have over the money, securities or property other than money and securities handled on your behalf by your agent.
3. How do you test the validity of transactions handled or reported by your agent including the receipt and disbursement of funds?
4. Have there been any discrepancies in the handling of your business activities by your agent to date?

COMMENTS:

AGENT: Eberts and Harrison, Inc.
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