



**FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY**

Administrative Offices  
1400 American Lane  
Schaumburg, IL 60196

Policy No. \_\_\_\_\_

**APPLICATION FOR A  
COMMERCIAL CRIME POLICY  
FOR COMMERCIAL AND GOVERNMENT ENTITIES**

Application is hereby made by \_\_\_\_\_

(List all Insureds, including Employee Benefit Plans)

Mailing Address \_\_\_\_\_  
(No.) (Street) (City) (County) (State) (Zip)

Applicant's E-Mail/Website Address \_\_\_\_\_

for a Commercial Crime Policy to become effective or to be continued as of 12:01 a.m. on \_\_\_\_\_ (Date)

Name and address of obligee if other than Insured: \_\_\_\_\_

	Limit of Insurance	Deductible Amount
Agreement 1 – Blanket – Employee Theft	\$ _____	\$ _____
Agreement 2 – Forgery or Alteration	\$ _____	\$ _____
Agreement 3 – Inside The Premises – Theft of Money & Securities <input type="checkbox"/> Blanket <input type="checkbox"/> Schedule	\$ _____	\$ _____
Agreement 4 – Inside The Premises – Robbery or Safe Burglary of Other Property <input type="checkbox"/> Blanket <input type="checkbox"/> Schedule	\$ _____	\$ _____
Agreement 5 – Outside The Premises – Theft of Money & Securities and Robbery of Other Property <input type="checkbox"/> Blanket <input type="checkbox"/> Schedule	\$ _____	\$ _____
Agreement 6 – Computer Fraud	\$ _____	\$ _____
Agreement 7 – Money Orders and Counterfeit Paper Currency	\$ _____	\$ _____
 Other Coverages/Endorsements	 Limit of Insurance	 Deductible Amount
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Is Faithful Performance of Duty coverage, as prescribed by law or you constitution and by-laws requested  Yes  No  
Premium Payable:  Annual  Three year prepaid  Three year in equal annual installments

**DESCRIPTION OF YOUR ORGANIZATION**

- Classify your predominant activity:  Manufacturer  Processor  Wholesaler  Distributor  
 Retailer  Servicer  Governmental  Other (explain) \_\_\_\_\_
- Describe the products and services of your predominant business or activity \_\_\_\_\_

**NOTICE OF DISCLOSURE FOR AGENT & BROKER COMPENSATION**

If you want to learn more about the compensation Zurich pays agents and brokers visit:

<http://www.zurichnaproducercompensation.com>

or call the following toll-free number: (866) 903-1192.

This Notice is provided on behalf of Zurich American Insurance Company  
and its underwriting subsidiaries.

3. Are you a: Proprietorship  Partnership  Corporation  Other   
 a. If a corporation, does any employee own more than 50% of the stock?  Yes  No  
 If "Yes", give name and percentage \_\_\_\_\_
4. Number of additional locations? Retail \_\_\_\_\_ Not Retail \_\_\_\_\_
5. Date established \_\_\_\_\_

6. Are there any foreign locations?  Yes  No  
 If "Yes", list countries and number of employees

Country	No. of Employees
_____	_____
_____	_____
_____	_____

### AUDIT PROCEDURES AND INTERNAL CONTROLS

IF A QUESTION IS ANSWERED "NO", EXPLAIN WHAT ALTERNATE CONTROL IS IN EFFECT  
 (ATTACH SEPARATE SHEET WITH EXPLANATIONS)

- Do you have a CPA Audit, at least annually, made in accordance with generally accepted auditing standards and so certified?  Yes  No
- Are bank accounts reconciled monthly by someone not authorized to deposit or withdraw therefrom?  Yes  No
- Is Countersignature of checks required?  Yes  No
- Are incoming checks immediately stamped "For Deposit Only" to the credit of the applicant?  Yes  No
- Are all deposits made in the name of the applicant?  Yes  No
- Are securities subject to joint control by two or more responsible employees?  Yes  No
- Is an inventory of merchandise taken at least annually?  Yes  No
- Is at least one continuous week of vacation taken annually by all employees?  Yes  No

### COMMERCIAL EMPLOYEE CLASSIFICATION

- Number of Officers \_\_\_\_\_
- Number of employees in the following classifications:

No. of	No. of	No. of
_____ Accountants and Asst.	_____ Computer Programmers	_____ Receiving Clerks
_____ Accountants	_____ Comptrollers and Asst.	_____ Salespeople
_____ Adjusters	_____ Comptrollers	_____ Security Personnel
_____ Administrators and Asst.	_____ Credit Clerks and Mgrs.	_____ Service Station Attendants
_____ Administrators	_____ Custodians	_____ Shipping Clerks
_____ Appraisers and Clerks	_____ Flood Inspectors	_____ Stock Clerks
_____ acting as Appraisers	_____ Head Pharmacists	_____ Storekeepers
_____ Attorneys	_____ Instructors have custody	_____ Storeroom Personnel
_____ Auditors and Asst.	_____ of money or securities	_____ Superintendents and Asst.
_____ Auditors	_____ Janitors	_____ Superintendents
_____ Bookkeepers	_____ Ledger Keepers	_____ Supervisors and Asst.
_____ Bursars and Asst. Bursars	_____ Locker Room Attendants	_____ Supervisors
_____ Bus Drivers	_____ Maitre d's and Asst.	_____ Taxi Drivers
_____ Buyers and Asst. Buyers	_____ Maitre d's	_____ Timekeepers
_____ Canvassers (door-to-door	_____ Managers and Asst. Mgrs	_____ Truck Drivers
_____ Salespeople)	_____ Medical Directors	_____ Warehouse Personnel
_____ Cashiers and Asst.	_____ Messengers, outside	_____ All other employees not
_____ Cashiers	_____ Payroll Distributors	_____ listed who handle, have
_____ Chairpersons	_____ Purchasing Agents and	_____ custody or maintain record of
_____ Chefs who order food	_____ Asst. Purchasing Agents	_____ money, securities or other
_____ Collectors		_____ Property

- Number of all other employees \_\_\_\_\_

## GOVERNMENTAL EMPLOYEE CLASSIFICATIONS

**Note: Persons required by law to be individually bonded and treasurers or tax collectors by whatever title known are automatically excluded from coverage under the Government Crime Policy.**

1. Number of officials/officers, not required by law to be individually bonded, who are authorized to manage, govern or control the Insured's employees. \_\_\_\_\_
2. Number of employees who handle, have custody or maintain records of money, securities or other property; department and division heads; assistant department and division heads; and peace officers (including patrolmen when Faithful Performance of Duty Coverage is being written). \_\_\_\_\_
3. Number of all other employees (including patrolmen, when written for Honesty Coverage only). \_\_\_\_\_

### MONEY – SECURITIES

ENTER THE EXPOSURES FOR EACH CATEGORY. AMOUNTS ENTERED SHOULD BE MAXIMUM EXPOSURE						
TYPE	MONEY	CHECKS FOR DEPOSIT	CHECKS FOR ACCOUNTS PAYABLE	PAYROLL CHECKS	MONEY OVERNIGHT	SECURITIES (IN BANK/SAFE DEPOSIT BOX)
INSIDE	\$	\$	\$	\$	\$	\$
MESSENGER #1	\$	\$	\$	\$	\$	
MESSENGER #2	\$	\$	\$	\$	\$	

### PROPERTY

DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC.	MAXIMUM VALUE

### GENERAL 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	DOOR PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS	OTHER INFORMATION
						<input type="checkbox"/> Yes <input type="checkbox"/> No	

### SAFE/VAULT

MANUFACTURER	LABEL	CLASS	ROUND	SQUARE	OUTER	INNER	CHEST	THICKNESS	
								DOOR (EXCL. BOLTWORK)	WALL
	<input type="checkbox"/> UL <input type="checkbox"/> SMNA								
	<input type="checkbox"/> UL <input type="checkbox"/> SMNA								

### MESSENGER PROTECTION

MESSENGER #	# OF GUARDS PER MESSENGER	USE PRIVATE CONVEYANCE?	SAFETY SATCHEL USED?	MESSENGER #	# OF GUARDS PER MESSENGER	USE PRIVATE CONVEYANCE?	SAFETY SATCHEL USED?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

### PREMISES/SAFE PROTECTION

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			ALARM INSTALLED AND SERVICED BY	# GUARDS	WATCHPERSONS
			SAFE/VAULT	PREMISES				
<input type="checkbox"/> HOLD-UP <input type="checkbox"/> PREMISES <input type="checkbox"/> SAFE	<input type="checkbox"/> LOCAL GONG <input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> POLICE CONNECT <input type="checkbox"/> WITH KEYS		<input type="checkbox"/> PARTIAL <input type="checkbox"/> COMPLETE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			<input type="checkbox"/> RPT/CENT <input type="checkbox"/> CLOCK HRL <input type="checkbox"/> DON'T SIGN	
		ACCESSIBLE OPENINGS AND PROTECTION				OTHER PROTECTION (FENCES, FLOODLIGHTS, ETC)		
CERTIFICATE NUMBER								
EXPIRATION DATE								

### *Eberts and Harrison, Inc.*

1604 Ridgeside Avenue, Ste. 203  
 Mount Airy, Maryland 21771  
 Phone: (301) 596-3940 Fax: (301-) 596-5543  
[Dane@Ebertsandharrison.com](mailto:Dane@Ebertsandharrison.com)

## PRIOR CRIME INSURANCE HISTORY

1. Has any insurance similar to that being applied for been declined or canceled in the last three years?  Yes  No  
 If "Yes", explain \_\_\_\_\_

2. List all losses sustained during the past three years, whether reimbursed or not, from \_\_\_\_\_ to \_\_\_\_\_  
(month, day, year) (month, day, year)

Check if none

(Briefly describe each loss and explain corrective measures on a separate sheet)

Date of Loss	Amount of Loss	Amount Recovered from Insurance	Amount of Loss Pending	Amount Recovered from other than Insurance	Type of Loss	If Loss occurs at other than Head Office, state location
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		

3. If this policy replaces similar crime insurance, list the prior insurer.  
 \_\_\_\_\_

Check if no prior policy

4. Will this policy supplement a special multi-peril or other package policy?  Yes  No  
 If "Yes" name insurer. \_\_\_\_\_ Effective Date \_\_\_\_\_ Policy No. \_\_\_\_\_

It is understood and agreed that the first premium upon the Policy applied for, and subsequent premiums thereon, are due at the beginning of each premium period, that the Company is entitled to additional premiums because of any unusual increase in the number of Employees or Premises and that the Applicant agrees to pay all such premiums promptly. The Employees of the Applicant have all, to the best of the Applicant's knowledge and belief, while in the service of the Applicant always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgment of the Applicant indicates that any of the said Employees are dishonest. Such knowledge as any officer signing for the Applicant may now have in respect to his own personal acts or conduct, unknown to the Applicant, is not imputable to the Applicant.

**FRAUD NOTICES: Prior to signing this Proposal Form, please review the following statutory fraud notices as they may apply to the Company's domicile:**

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**DISTRICT OF COLUMBIA:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading statement is guilty of a felony of the third degree.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NEW YORK:** 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 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing false, incomplete or misleading information is guilty of a felony.

**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 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.

**TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ .

By \_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Insured)

**EBERTS AND HARRISON, INC.**

1604 Ridgeside Avenue, Ste. 203  
Mount Airy, Maryland 21771

Phone: (301) 596-3940 / Fax: (301) 596-5543

**Dane@Ebertsandharrison, Inc.**

Contact Information:

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
(Agent)

(Florida & Iowa Only) Licensed Agent or Broker     N/A    

(Florida Only) License Number:     N.A