Crime*SHIELD Policy*

PERSONAL ACCOUNTS COVERAGE QUESTIONNAIRE

1. Name of Insured: _____

2. Address: _____

   _____

3. Name of individual for which coverage is requested:_____

4. Attach a list of individuals/positions who have access to personal accounts.

5. Do the individuals listed in Question No. 4:

   (A) Sign checks Yes No

   (B) Handle personal deposits? Yes No

   (C) Handle personal withdrawals? Yes No

6. Do those individuals who have signing authority for personal checks and who handle personal deposits/withdrawals also reconcile the monthly personal bank statements? Yes No

6. On average, how many transactions in a month are handled by individuals listed in Question No.4? _____

7. Are these personal accounts being audited or reviewed by the individual(s) requesting coverage? Yes No

   If yes, how often? _____

   If no, who monitors these personal accounts and how often? _____

8. What is the approximate monthly balance for these personal accounts?

   Average: $_____

   Maximum: $_____

9. Does the individual requesting coverage rotate responsibilities for his/her personal accounts? Yes No

   If yes, to whom?_____

   How often? _____

10. Are there certain transactions that require a review by the individual requesting coverage? Yes No

    If yes, please describe:_____

    _____

Please sign and date this questionnaire as indicated below:

_____ _____ _____

Date Completed by Title

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