

**THEFT OF CLIENT'S PROPERTY  
APPLICATION  
FLORIDA**



Agency Name: \_\_\_\_\_  
 Billing Method: Agency/Broker Bill  TABS Bill

Hartford Agency Code: \_\_\_\_\_

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

Principal address: \_\_\_\_\_

City

State

Zip Code

**EFFECTIVE DATE OF COVERAGE** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**Note:** If this coverage is for one specific client contract, indicate the expected start and completion date for the contract as effective date, tell us client's name: \_\_\_\_\_ and include a copy of the contract.

**Present Crime Insurance Program: (Include primary AND excess, if applicable)**

If not applicable, please check here:

Insurance Carrier	Type (Primary or Excess)	Policy Period	Limit of Liability	Deductible	Premium
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Has any similar insurance been declined or canceled during the past three years?  YES  NO

If Yes, please explain: \_\_\_\_\_

INSURING AGREEMENT	LIMIT	DEDUCTIBLE
Employee Theft	\$	\$

**A. ORGANIZATIONAL BACKGROUND FOR COMMERCIAL ENTITIES**

- Are you a:  Proprietorship  Partnership  Corporation  Other (e.g. LLC)
- Describe the products or services of your predominant business or activity: \_\_\_\_\_
- Date you were established: \_\_\_\_\_ 4. Company Website address: \_\_\_\_\_
- Latest fiscal year-end revenues: \$ \_\_\_\_\_

**B. EMPLOYMENT PRACTICES**

- |  |                              |                              |
|--|------------------------------|------------------------------|
| 1. Do you conduct a pre-employment check? If Yes, does it include the following: | <input type="checkbox"/>     | <input type="checkbox"/> No  |
| a. Prior employment verification?.....   | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |
| b. Personal references?.....   | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |
| c. Record of prior convictions?.....   | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |
| d. Drug testing?.....  | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

C. EMPLOYEE AND CLIENT INFORMATION	
1. What is the name of the client or clients for whom you will be working?	
2. Describe the type of work performed for your client(s).	
3. How many of your employees will be on the premises of your client(s)?	
4. How many of your 1099 contractors will be working at client's location?	
5. Will you have access to the client's money, securities, banking systems, wire transfer systems or any sensitive computer data?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
6. If your employees will have access to restricted areas of the client's premises, will this be limited by the use of keycards, locks, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Will you be performing your services during the normal business hours of your client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Will your employees be supervised and/or monitored by your client(s) when performing services on their premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Will your employees be required to wear ID badges or carry special identification in order to identify themselves as "non-employees"?	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. LOSS EXPERIENCE			
List below all losses known to you of any of your employees or 1099's having stolen from a client. Check here if none: <input type="checkbox"/>			
List below all known losses of your own property due to employee dishonesty discovered or sustained within the past three years. Check here if none: <input type="checkbox"/>			
DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT OF LOSS	CLIENT PROPERTY LOSS
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Please attach details of all losses including description, corrective action taken and amount covered by insurance.</b>			

**INSURANCE FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or a statement of claim containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.

**FLORIDA APPLICANTS: 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 INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

Application completed by: \_\_\_\_\_  
(Name and Title)

Date: \_\_\_\_\_

Name of Producer \_\_\_\_\_

Producer License No. \_\_\_\_\_