

**CrimeSHIELD Policy RENEWAL APPLICATION
COMMERCIAL AND GOVERNMENTAL ENTITIES (ALL LIMITS)
FLORIDA**



Agency Name: _____ Hartford Agency Code: _____

Hartford Policy Number: _____

Name and address of Insured: _____

Does the above Named Insured and address information represent a change from the last renewal? If yes, please explain on separate sheet. Yes No

EFFECTIVE DATE OF RENEWAL: _____ QUOTE ISSUE
 BILLING METHOD: AGENCY BILL DIRECT BILL (annual payment plan only)
 PAYMENT PLAN: ANNUAL 3 YEAR PREPAID

Desired coverage/limit/deductible changes: Check here if none: _____

Latest fiscal year-end revenues: \$ _____

**A. SINCE THE LAST RENEWAL, HAS YOUR OPERATION CHANGED IN THE FOLLOWING AREAS?
(If yes, please explain on separate sheet, if necessary)**

- | | |
|--|--|
| 1. Legal entity status? If yes, what is nature of the change? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Predominant business activity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Change in ownership or management? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Internal Controls per your most recently completed application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Mergers/acquisitions with other companies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

B. CLASSIFICATION OF EMPLOYEES AND LOCATION INFORMATION

	Total # of Employees
Domestic	
Foreign	
Canadian	
Grand Total	

	Total # of Locations: (Not needed for governmental risks)
Manufacturing	
Warehouse	
Distribution	
Retail	
Grand Total	

Number of employees, of the grand total shown above, who are either in management or handle, have custody or maintain records of money, securities or other property: _____

Total # of Foreign Locations: _____ Check here if none:

For each foreign location, please detail the following information (Attach separate sheet, if necessary)

COUNTRY	TYPE OF OPERATION	# OF EMPLOYEES	REVENUES (if applicable)

C. LOSS EXPERIENCE

Please attach details on all fidelity and crime losses discovered or sustained in the last three years. Include description of loss, amount of loss and corrective measures taken. Check here if none:

Please attach the following information for limits of \$2 million or greater, or Insured's with revenues of \$250,000,000 or greater:

- Latest fiscal year end CPA Audit or 10K Report
- Latest CPA Management Letter and written response

FRAUD WARNING STATEMENTS

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: _____ **Signature:** _____

Name of Producer: _____ Producer License No.: _____

Fax to BondCenter for limits \leq \$500,000: (877) 257-2166

Fax to Regional Office Bond Department for limits greater than \$500,000: