

FLORIDA
CrimeSHIELDSM POLICY APPLICATION for
CHURCHES, MOSQUES, SYNAGOGUES & OTHER HOUSES OF WORSHIP



Agency Name: _____ Hartford Agency Code: _____

Application is hereby made by: _____

(First Named Insured and all additional insureds, including Employee Benefit Plans to be insured. Attach separate sheet, if necessary.)

Principal address: _____

(No., Street)

<i>City</i>	<i>State</i>	<i>Zip Code</i>
EFFECTIVE DATE OF COVERAGE FROM:		TO:
BILLING METHOD <input type="checkbox"/> AGENCY BILL <input type="checkbox"/> DIRECT BILL		

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 <i>(for excess coverage, deductible is primary coverage + primary deductible).</i>
Commercial Entities Only:		
1. Employee Theft	\$	\$
2. Depositors Forgery or Alteration	\$	\$
3. Theft, Disappearance & Destruction (Money, Securities and Other Property)	\$	\$
4. Robbery and Safe Burglary (Money and Securities)	\$	\$
5. Computer and Funds Transfer Fraud	\$	\$
6. Money Orders and Counterfeit Currency (automatically included)	\$50,000	\$ 0

A. ORGANIZATIONAL BACKGROUND

Apart from usual activities as a house of worship, do you operate (check all that apply):
 Day Care (Child) Elementary School Secondary School Camp
 Day Care (Elder) Nursing or Assisted Living Homes
 Cemetery Other (please describe) _____

Date you were established: _____ Current membership of the congregation: _____

Latest fiscal year-end revenues: \$ _____

B. CLASSIFICATION OF EMPLOYEES AND LOCATION INFORMATION

Total # of Employees	
Salaried Clergy/Employees	
Elected Officers	
Volunteers *	
Grand Total	

Total # of Separate Locations	
Worship	
Schools	
Residential	
Other	
Grand Total	

*Note, coverage will exclude all volunteers while acting in a funds solicitation capacity.

C. EMPLOYMENT PRACTICES

1. Does the Insured conduct a pre-employment check of salaried employees? If Yes, does it include the following:		
a. Prior employment verification?	<input type="checkbox"/>	<input type="checkbox"/> No
b. Personal references?	Yes <input type="checkbox"/>	<input type="checkbox"/> No
c. Record of prior convictions?	<input type="checkbox"/>	<input type="checkbox"/> No
2. If the pre-employment check reveals adverse information, do you still hire the applicant?	Yes <input type="checkbox"/>	<input type="checkbox"/> No
	<input type="checkbox"/>	
	Yes <input type="checkbox"/>	
	<input type="checkbox"/>	
	Yes <input type="checkbox"/>	

D. AUDIT CONTROLS

1. Are your financial statements prepared annually by an independent Certified Public Accountant? If Yes, please attach most recent copy of CPA prepared financial statement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are all operations and locations included in the CPA prepared financial statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is there a CPA Management Letter/Response commenting on internal control weaknesses, recommendations for improvement, and a response by management? (If Yes, please attach the most recent report).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has the auditing firm made any recommendations that have not been adopted? If Yes, please explain. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. If a CPA Management Letter was not issued, did the CPA make any informal recommendations concerning internal control improvements? If Yes, please explain. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have an annual internal audit? If Yes, who has the internal audit responsibilities? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you have a documented system of internal control policies/procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. If any weaknesses are noted by internal audit, is the operation in question notified in writing by the Board or Council and are corrective actions monitored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is accounting centralized or decentralized? <input type="checkbox"/> Centralized <input type="checkbox"/> Decentralized If decentralized, how often are the transactions of separate operations reviewed by the Board or Council? _____ How often does the internal audit review/visit the other operation locations? _____		

E. DISBURSEMENT , CHECK HANDLING AND RECEIPTS CONTROLS

1. Are at least two signatures required on checks? If Yes, over what dollar amount? \$_____ If No, who signs checks? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If a facsimile plate is used:		
a) Is it kept in a safe?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Who has access to it? _____		
c) Is a record kept of its use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do employees who receive or reconcile monthly bank statements also:		
a) Sign checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Handle bank deposits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Have access to check signing machines or signature plates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the bank statement contain the cancelled checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Are internal control systems designed so that no individual can control a process from beginning to end (e.g. request a check, approve a voucher and sign the check)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. How often is the blank check stock inventoried? _____ By whom? _____		
7. Are offerings always counted in the presence of at least two persons unrelated to one another?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are all incoming checks stamped "For Deposit Only" immediately upon receipt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are offerings deposited at the bank the same date as received? If No, are they kept overnight in a burglar and fire resistant safe?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No

F. PURCHASING, VENDOR AND INVENTORY CONTROLS

1. Are all check requests accompanied by an invoice or voucher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is an authorized vendor list utilized to assist in detecting payments to fictitious suppliers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the responsibility for authorizing vendors, approving invoices and processing payments segregated amongst different individuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. If No, and one person has complete responsibility, does this person also have authority to sign checks and reconcile bank accounts? If Yes, by whom? _____ How often? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have controls in place that will prevent payment to unauthorized vendors or duplicate invoices?		
6. Do you conduct a regular inventory of valuable religious articles, artifacts and art? If Yes, how often? _____ If Yes, by whom? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are all premises locked after hours of scheduled use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you have a security alarm system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I. ADDITIONAL INTERNAL CONTROL QUESTIONS

1. Does the applicant maintain any endowment, trust or building funds? If Yes, please specify: _____ Amount at last fiscal year-end? \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is there a written investment policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is there a periodic review by an investment committee or board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Who makes investment decisions?		

J. MONEY, SECURITIES AND PAYROLL EXPOSURES (Complete only if Insuring Agreement 3 or 4 is requested)

	Money and Securities	Checks (Non Retail)	Other Property
Maximum Exposures in \$'s:			

K. LOSS EXPERIENCE

List all fidelity and crime losses discovered or sustained in the last three years. Check here if none:

DATE OF LOSS	TYPE OF LOSS (Employee Dishonesty, Forgery, etc.)	AMOUNT OF LOSS

Please attach details of all losses including description, corrective action taken and amount covered by insurance.

FRAUD WARNING

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.

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be deemed to be attached to and form part of the policy, if one is issued.

It is understood and agreed that the completion of this application does not bind the company to issue or the applicant to purchase the insurance.

Application completed by: _____
(Name and Title)

Signature: _____

Date: _____

Name of Producer/Broker: _____ License No.: _____

Date: _____