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| 16. Are incoming parts shipments checked and recorded by individuals other than the parts department personnel? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Are there night watchmen/security guards on premises each night? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Is each location and vehicle lot well lit at night? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Does each location have an alarm system? Is it connected to the police? | <input type="checkbox"/> Yes <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> No |
| 20. Is there a locked safe at each location? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Do sales department employees have custody of titles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. What is the manner in which gasoline is purchased? _____ Are employees ever given cash to pay for fuel at local gas stations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Keys to all vehicles are kept: <input type="checkbox"/> on a keyboard <input type="checkbox"/> in individual lock boxes secured to the vehicles <input type="checkbox"/> in a computerized key machine requiring a salesperson's or manager's personal identification number and vehicle stock number to be entered before it releases the requested keys. If keyboards are used, are they kept out of direct reach of customers during working hours and placed in a safe during off-hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. What types of pre-employment checks are performed for new employees? _____ | | |
| E. LOSS EXPERIENCE: List all fidelity and crime losses discovered or sustained in the last three years. Check here if NONE: <input type="checkbox"/> | | |
| 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. | | |

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.

Application completed by: _____
(Name and Title)

Signature: _____ Date: _____

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