

# CrimeSHIELD Policy

## FIDELITY APPLICATION FOR TEMPORARY HELP AGENCIES FLORIDA



Agency \_\_\_\_\_ Agency Number \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_  ANNUAL  3 YR PREPAID  3 YR ANN'L INSTALLMENTS

NAME OF INSURED \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

Are you a:  Proprietorship  Partnership  Corporation  LLC  Other: \_\_\_\_\_

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

INSURING AGREEMENT	LIMIT	DEDUCTIBLE
1. <b>EMPLOYEE THEFT</b> Employee Theft Coverage - Theft of Clients' Property Off Premises	\$	\$
2. <b>DEPOSITORS FORGERY OR ALTERATION</b>	\$	\$
3. <b>THEFT, DISAPPEARANCE &amp; DESTRUCTION</b> ( <i>Money, Securities &amp; Other Property</i> )	\$	\$
4. <b>ROBBERY AND SAFE BURGLARY</b> ( <i>Money and Securities</i> )	\$	\$
5. <b>COMPUTER AND FUNDS TRANSFER FRAUD</b>	\$	\$

**A. PRIOR FIDELITY COVERAGE TO BE SUPERSEDED** Check if NONE

Insuring Agreement/Coverage Form: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Amount of Coverage: \$ \_\_\_\_\_  
Name of Insuring Company: \_\_\_\_\_

**B. YOUR COMPANY'S EMPLOYEE, LOCATION AND INTERNAL CONTROL INFORMATION**

1. Total Number of Full Time Office Employees: \_\_\_\_\_
2. Total Number of Your Locations: \_\_\_\_\_ Total Annual Revenue (latest year end) \$ \_\_\_\_\_
3. Total Number of Your Full Time Employees who handle money, securities, checks, bookkeeping or accounting records, legal matters, auditing procedures or who otherwise occupy officer positions: \_\_\_\_\_
4. Annual Audit done by:  Independent CPA  PA  Internal Staff  Other  
If done by CPA, is it a  Full, opinionated exam  Review  Compilation
5. Are at least 2 signatures required on checks? (i.e. countersignature)  Yes  No
6. Do employees who reconcile monthly bank statements also sign checks?  Yes  No
7. Has any similar insurance been declined or cancelled during the past three years?  Yes  No
8. Have there been any losses discovered or sustained in the last six years the sum of which exceed the proposed deductible?  Yes  No
9. Do employees who reconcile monthly bank statements handle bank deposits?  Yes  No
10. Do employees who reconcile monthly bank statements have access to check signing machines or signature plates?  Yes  No
11. Does your company perform employee screening, background checks, drug testing, etc. on temporary employee candidates?  Yes  No

**C. TEMP EMPLOYEE INFORMATION**

1. Total Temporary Employees: Last Year: \_\_\_\_\_ Prior Year: \_\_\_\_\_
2. What is the average length of assignment for your temp employees? \_\_\_\_\_
3. What *percentage* of the following temp employee categories do you provide clients:  
Executive \_\_\_\_\_ Managerial \_\_\_\_\_ Financial \_\_\_\_\_ Systems/Programming \_\_\_\_\_ Other \_\_\_\_\_
4. Do you provide any of your clients with Hold Harmless Agreements?  Yes  No
5. Do any of your clients provide you with Hold Harmless Agreements protecting your temp employees?  Yes  No
6. Does the agreement encourage clients to keep temporary employees away from client money, securities, attractive inventory, private computer systems, etc.?  Yes  No
7. Do any of your temporary personnel transport money, securities or other valuable property outside of your clients' premises? If yes, please describe the type of property and value:  Yes  No
8. Have you had any reported losses in the past 6 years from your clients' allegedly arising out of the acts of any of your temps? If yes, attach a full description of any occurrence and whether there were any paid losses.  Yes  No

D. LOSS EXPERIENCE: List all of your <i>(non-client)</i> fidelity and crime losses discovered in the last 6 years. Check if NONE <input type="checkbox"/>		
DATE OF LOSS	TYPE OF LOSS	AMOUNT OF LOSS
		\$
		\$
		\$

**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.**

Signature of Principal or Officer: \_\_\_\_\_ Date \_\_\_\_\_

Name of Broker/Producer: \_\_\_\_\_ License No.: \_\_\_\_\_