

**CrimeSHIELD<sup>SM</sup> POLICY APPLICATION**  
**for COMMERCIAL and GOVERNMENTAL ENTITIES**  
**IOWA**



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)*

*City*

*State*

*Zip Code*

<b>EFFECTIVE DATE OF COVERAGE</b>	FROM:	TO:
<b>BILLING METHOD</b>	<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> DIRECT BILL (annual payment plan only)
<b>PAYMENT PLAN</b>	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> 3 YEAR PREPAID

Are you applying for:  **PRIMARY COVERAGE**  **EXCESS COVERAGE**

**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>
<b>Commercial Entities Only:</b>			
1.	Employee Theft	\$	\$
<b>Governmental Entities Only:</b>			
Choose 1.A. or 1.B.			
1.A.	Employee Theft Per Loss	\$	\$
1.B.	Employee Theft Per Employee	\$	\$
	Is Faithful Performance desired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Optional Coverages:</b>			
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

**Fax to Regional Office Bond Department:**

**A. ORGANIZATIONAL BACKGROUND FOR COMMERCIAL ENTITIES** *(Complete only for commercial entities)*

1. Are you a:  Proprietorship  Partnership  Corporation  Other (e.g. LLC)

2. Are you a:  Public company  Private company

3. Classify your predominant activity:  Manufacturer  Processor  Wholesaler  
 Distributor  Retailer  Service

Other (explain):

4. Describe the products or services of your predominant business or activity:

5. Date you were established:

6. Latest fiscal year-end revenues: \$

**ORGANIZATIONAL BACKGROUND FOR GOVERNMENTAL ENTITIES** *(complete only for governmental entities)*

Are you a:  State  County  City  Town  Township  Village  
 Borough  Other Political Subdivision Explain here

**B. CLASSIFICATION OF EMPLOYEES AND LOCATION INFORMATION**

Total # of Employees	
Domestic	
Foreign	
Canadian	
<b>Grand Total</b>	

Total # of Locations:	
<i>(Not needed for governmental entities)</i>	
Manufacturing	
Warehouse	
Distribution	
Retail	
<b>Grand Total</b>	

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**: \_\_\_\_\_

**FOREIGN LOCATIONS** Check here if none:

Total # of Foreign Locations: \_\_\_\_\_

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

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

**C. EMPLOYMENT PRACTICES**

1. Does the Insured conduct a pre-employment check? If Yes, does it include the following:

a. Prior employment verification?  Yes  No

b. Personal references?  Yes  No

c. Record of prior convictions?  Yes  No

**D. AUDIT CONTROLS**

1. Are your financial statements audited annually by an independent Certified Public Accountant? If Yes, please attach most recent copy of CPA Audit or 10K Report.  Yes  No

2. Are all subsidiaries and locations, or similarly controlled and operated companies, included in the audit?  Yes  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).  Yes  No

4. Has the auditing firm made any recommendations that have not been adopted? If Yes, please explain.  Yes  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.  Yes  No

6. Do you have an Internal Audit Department? If Yes, what is the staff size?  Yes  No

7. If No, do you have someone with internal audit responsibilities?  Yes  No

8. Do you have a documented system of internal control policies/procedures?  Yes  No

9.	If any weaknesses are noted, is the department in question notified in writing by the Internal Audit Department and are corrective actions monitored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Is accounting centralized or decentralized? <input type="checkbox"/> Centralized <input type="checkbox"/> Decentralized If decentralized, how often are branch transactions reviewed by the central office? AND How often does the internal audit department review/visit the branch locations?		

### E. DISBURSEMENT AND CHECK HANDLING CONTROLS

1.	Are at least two signatures required on checks? If Yes, over what dollar amount? \$	<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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c) Is a record kept of its use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Do employees who 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.	Are check signers instructed to require that all checks be accompanied by:		
	a) Properly approved vouchers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) Invoices showing that a count has been made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Are internal control systems designed so that no employee 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 all incoming checks stamped "For Deposit Only" immediately upon receipt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Are disbursement functions separated from those who have cash receipt or cash refund duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### F. PURCHASING, INVENTORY AND VENDOR CONTROLS

1.	Is your purchasing department separated from receiving responsibilities and supervised by a person who is not authorized to pay bills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Are the duties of purchasing, receiving, storekeeping and shipping separate so that no one individual can control these functions from beginning to end?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Are perpetual inventories maintained in addition to a physical check of stock and equipment? If Yes, by whom? How often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Do you have a security alarm system and video camera to protect your inventory in each of your plants or warehouses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Is the responsibility for checking in merchandise received subject to ultimate control of more than one individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Is an authorized vendor list utilized to assist in detecting payments to fictitious suppliers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Is the responsibility for authorizing vendors, approving invoices and processing payments segregated amongst different individuals? If No, and one person has complete responsibility, does this person also have authority to sign checks and reconcile bank accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Do you have automated systems that will prevent unauthorized vendors and duplicate invoices from being entered into the system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Do you operate your own warehouse or warehouse for others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### G. COMPUTER CONTROLS

1.	Are there any areas/departments which are <b>not</b> computerized? (e.g. inventory, accounts receivable/payable, etc.). If Yes, what are they? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Is output reconciled by persons who do not prepare or process the input?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Is your system programmed to detect and call to your attention all unusual account activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>H. WIRE TRANSFER CONTROLS - Indicate here if not applicable (i.e. wire transfers not done).</b> <input type="checkbox"/>		
1. Is there a written policy regarding wire transfers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is one employee responsible for wire transfers? If Yes, what position does this employee hold? If no, who initiates wire transfer requests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. What is your average daily number of fund transfers?		
4. What is the largest single amount that can be transferred?		
5. If a telephone call can activate a transfer of funds, does your financial institution call an employee other than the one who requested the transfer before acting on the transfer request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the receiving financial institution immediately verify the completion of transfer of funds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. If Yes to question #6, does such verification go to an employee other than the one who initiated the transfer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you receive hard copy confirmations of all wire transfers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are they sent directly to a department not authorized to initiate transfers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is reconciliation performed on the same day as the confirmation is received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are the same internal controls listed above in sections D-H imposed on foreign locations?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>I. ADDITIONAL INTERNAL CONTROL QUESTIONS FOR GOVERNMENTAL ENTITIES</b>		
1. Is there a written investment policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is there an investment department which is separate from the Treasurer's Department?	<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? _____		

<b>J. MONEY, SECURITIES AND PAYROLL EXPOSURES (Complete only if Insuring Agreement 3 or 4 is requested)</b>			
	<b>Money and Securities</b>	<b>Checks (Non Retail)</b>	<b>Other Property</b>
Maximum Exposures in \$'s:			

<b>K. LOSS EXPERIENCE</b>		
<b>List all fidelity and crime losses discovered or sustained in the last three years. Check here if none:</b> <input type="checkbox"/>		
<b>DATE OF LOSS</b>	<b>TYPE OF LOSS (Employee Dishonesty, Forgery, etc.)</b>	<b>AMOUNT OF LOSS</b>

**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 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.

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

Signature: \_\_\_\_\_

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

Producer Name: \_\_\_\_\_