

# MISSOURI CrimeSHIELD Policy APPLICATION FOR MOTOR VEHICLE DEALERS



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   

Date Established: \_\_\_\_\_ Annual Sales: \$ \_\_\_\_\_

INSURING AGREEMENT	LIMIT	DEDUCTIBLE
1. EMPLOYEE THEFT	\$	\$
2. DEPOSITORS FORGERY or ALTERATION	\$	\$
3. THEFT, DISAPPEARANCE & DESTRUCTION <small>(Money &amp; Securities / Robbery &amp; Safe Burglary of Other Property)</small>	\$	\$
4. ROBBERY & SAFE BURGLARY <small>(Money &amp; Securities)</small>	\$	\$
5. COMPUTER & FUNDS TRANSFER FRAUD	\$	\$

**A. PRIOR FIDELITY COVERAGE TO BE SUPERSEDED**    Check if NONE

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

**B. RATING DATA**

Total Number of Employees: \_\_\_\_\_ Total Number of Retail Locations: \_\_\_\_\_  
Number of officers and employees who are either in management or handle, have custody or maintain records of money, securities or other property: \_\_\_\_\_

**C. COMPLETE ONLY IF REQUESTING INSURING AGREEMENT 3 or 4**

Maximum Exposures	Money & Securities \$	Checks (Non Retail) \$	Other Property \$

**D. INTERNAL CONTROLS**

1. Is an independent CPA involved in the applicant's financial reporting? If yes, financial statements are: <input type="checkbox"/> Audited <input type="checkbox"/> Reviewed <input type="checkbox"/> Compiled	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are incoming checks immediately endorsed "For Deposit Only"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. How often are bank deposits made? _____	
6. Are conditional sales contracts signed by an officer or partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are parts purchased only from an approved list of suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is an inventory of parts maintained? Is it computerized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
9. 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
10. Are the duties of purchasing, receiving, inventory and shipping separate so that no one individual can control these functions from beginning to end?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is a complete inventory made with a physical check of vehicles, parts and equipment? If Yes, by whom? _____ How often? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are serially numbered receipts used for all servicing and repairs? Does the customer receive a copy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is the parts shop kept locked when unattended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Is the stockroom kept closed and access limited to parts department personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are tools stored in locked cabinets when not in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? _____		
<b>E. LOSS EXPERIENCE: List all fidelity and crime losses discovered or sustained in the last three years.</b> Check here if NONE: <input type="checkbox"/>		
<b>DATE OF LOSS</b>	<b>TYPE OF LOSS</b> (Employee Dishonesty, Forgery, etc.)	<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: \_\_\_\_\_