

CrimeSHIELD Policy

FIDELITY APPLICATION FOR TEMPORARY HELP AGENCIES MISSOURI



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

A. PRIOR FIDELITY COVERAGE TO BE SUPERSEDED Check if NONE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. Have there been any losses discovered or sustained in the last six years the sum of which exceed the proposed deductible? Yes No
 8. Do employees who reconcile monthly bank statements handle bank deposits? Yes No
 9. Do employees who reconcile monthly bank statements have access to check signing machines or signature plates? Yes No
 10. 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: _____
 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 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.

Signature of Principal or Officer: _____ Date _____