

**CrimeSHIELD<sup>SM</sup> POLICY APPLICATION**  
**for COMMERCIAL and GOVERNMENTAL ENTITIES**  
**(LIMITS LESS THAN \$1,000,000)**



Agency Name: \_\_\_\_\_ Hartford Agency Code: \_\_\_\_\_

QUOTE       ISSUE      EFFECTIVE DATE: \_\_\_\_\_

BILLING METHOD       AGENCY BILL       DIRECT BILL (annual payment plan only)

PAYMENT PLAN:       ANNUAL       3 YEAR PREPAID

ARE YOU APPLYING FOR:       PRIMARY COVERAGE       EXCESS COVERAGE

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

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

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

2. Predominant business activity: \_\_\_\_\_

3. Date you were established: \_\_\_\_\_

4. 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 \_\_\_\_\_

Is similar coverage currently in place?       YES       NO

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>
<i>Commercial Entities Only:</i>		
<b>1. Employee Theft</b>	\$	\$
<i>Governmental Entities Only:</i>		
<b>Choose 1.A. or 1.B.</b>		
<b>1.A. Employee Theft Per Loss</b>	\$	\$
<b>1.B. Employee Theft Per Employee</b>	\$	\$
<b>Is Faithful Performance of Duty desired?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Optional Coverages:</i>		
<b>2. Depositors Forgery or Alteration</b>	\$	\$
<b>3. Theft, Disappearance &amp; Destruction (Money, Securities and Other Property)</b>	\$	\$
<b>4. Robbery and Safe Burglary (Money and Securities)</b>	\$	\$
<b>5. Computer and Funds Transfer Fraud</b>	\$	\$
<b>6. Money Orders and Counterfeit Currency (automatically included)</b>	\$50,000	\$ 0

**RATING DATA**

Total Number of Employees (Domestic and Foreign): \_\_\_\_\_ Foreign Employees (not including Canada): \_\_\_\_\_

Total Number of Locations (Domestic and Foreign): \_\_\_\_\_ Foreign Locations (not including Canada): \_\_\_\_\_

If there are foreign locations, what type of operations?:  
 Sales     Manufacturing     Warehousing     Distribution     Other – Please explain: \_\_\_\_\_

**Fax to BondCenter: 877-257-2166**

**COMPLETE FOR COMMERCIAL ENTITIES ONLY:**

Total Number of Locations: \_\_\_\_\_

**COMPLETE FOR GOVERNMENTAL ENTITIES ONLY:**

Number of Police Officers (including patrolmen) \_\_\_\_\_

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

	Money and Securities	Checks (Non Retail)	Other Property
Maximum Exposures in \$'s	\$ _____	\$ _____	\$ _____

**INTERNAL CONTROLS**

1. Is an independent Certified Public Accountant 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: Sign checks? <input type="checkbox"/> Yes <input type="checkbox"/> No Handle bank deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No 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. Do you have a specific system or procedure to detect payment to fictitious suppliers? If Yes, please explain _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**ADDITIONAL INTERNAL CONTROL QUESTIONS FOR GOVERNMENTAL ENTITIES**

5. Is there a written investment policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is there an investment department which is separate from the Treasurer's Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is there a periodic review by an investment committee or board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Who makes investment decisions? _____		

**LOSS EXPERIENCE**

Fidelity and crime losses discovered or sustained in the last three years. **CHECK HERE IF NONE:**   
*Please attach details of all losses including, corrective action taken.*

**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.

**Important State Specific Information**

*Applicable in Arkansas:*

*Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.*

*Applicable in California:*

*Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.*

*Applicable in Colorado:*

*It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.*

*Applicable in Florida and Idaho:*

*Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.\**

*\*In Florida - Third Degree Felony*

*Applicable in Indiana:*

*A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.*

*Applicable in Kentucky and New Jersey:*

*Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.*

*Applicable in Maine*

We do not provide coverage to one or more insureds ("insured") who, at any time:

- 1) Intentionally concealed or misrepresented a material fact;
- 2) Engaged in fraudulent conduct; or
- 3) Made a false statement

relating to this insurance.

*Applicable in Maryland:*

Any person who, with intent to defraud or knowingly that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

*Applicable in Michigan:*

Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.

*Applicable in Minnesota:*

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

*Applicable in Nevada:*

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

*Applicable in New Hampshire:*

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for Insurance fraud, as provided in RSA 638:20.

*Applicable in New Mexico*

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

*Applicable in New York:*

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

*Applicable in Ohio:*

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

*Applicable in Oregon:*

Any person who with an intent to knowingly defraud any insurance company or other person, files an application for insurance, or a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be guilty of insurance fraud.

*Applicable in Oklahoma:*

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony,

*Applicable in Pennsylvania:*

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

*Applicable in Texas:*

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

*Applicable in Virginia*

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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

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

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