



DECOTIS
SPECIALTY INSURANCE

CRIME INSURANCE APPLICATION

General information

1. Name of applicant:

2. Address of applicant:

Please attach a list of all subsidiaries including operations, percent of ownership and the date acquired or created. **(Note: This application is for a policy which includes coverage for all subsidiaries under the Applicant's control. The application and any attachments must include information for the first named insured and all subsidiaries and other entities to be included by endorsement.)**

3. Type of organization: ☐ Public ☐ Private ☐ Non-Profit ☐ Governmental

4. Website address:

5. Annual revenues:

\$

Date established:

6. Description of operations

Current or requested coverage

Insuring agreement	Limit	Deductible <small>(for excess coverage, deductible is primary coverage + primary deductible)</small>
Employee theft	\$	\$
Forgery or alteration	\$	\$
Inside the premises	\$	\$
Outside the premises	\$	\$
Computer fraud	\$	\$
Funds transfer fraud	\$	\$
Money orders and counterfeit	\$	\$
Other:	\$	\$
Current carrier	<input type="text"/>	Expiring premium: \$ <input type="text"/>

Loss history

List all losses sustained, whether or not claimed, and if claimed, whether or not reimbursed during the past six years from the completion date of this application for any similar insurance requested in this application.

Check if none ☐

Date of loss	Type of loss (employee theft, forgery, etc.)	Amount of loss
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Please attach full details of all losses including descriptions, corrective action taken, estimated ultimate total amount and amount covered by insurance.

Exposure information

1. Domestic employees:

Foreign employees:

Grand total:

<input type="text"/>
<input type="text"/>
<input type="text"/>



DECOTIS

SPECIALTY INSURANCE

2. Estimate the percentage of the grand total who have access to cash, checks and approval: %
3. Total number of locations: Retail locations:
4. For each foreign location, please detail the following information (attach separate sheet if necessary): ☐ None ☐
- | Country | Type of operation | No. of employees | Revenues |
|----------------------|----------------------|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
5. Maximum cash exposure inside the premises: \$ Outside: \$
6. Do you have precious metals, precious or semi-precious stones, pearls, furs or articles containing such materials? ☐ Yes ☐ No
If Yes, please provide details.
7. Do you have access to your client's funds/property? ☐ Yes ☐ No
If Yes, what type of property and dollar amount of value?
- How many employees will be performing work for your client(s)?
- Total number of clients:
8. Have you or any subsidiary engaged in any mergers or acquisitions in the last three (3) years? ☐ Yes ☐ No
Are there any plans for mergers or acquisitions in the next twelve (12) months? ☐ Yes ☐ No
9. If you provide lodging, how many guest rooms?

Audit controls

1. Are your financial statements audited annually by an independent CPA? ☐ 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. Do you have an Internal Audit Department? ☐ Yes ☐ No
If Yes, staff size?
If No, do you have someone with internal audit responsibilities? ☐ Yes ☐ No
5. Are surprise audits conducted? ☐ Yes ☐ No
6. Do you have a documented system of internal control policies/procedures? ☐ Yes ☐ No



DECOTIS

SPECIALTY INSURANCE

Internal controls

1. Are background checks performed for all new hires? ☐ Yes ☐ No
2. Are bank accounts reconciled monthly? ☐ Yes ☐ No
3. Are bank accounts reconciled by someone not authorized to deposit or withdraw? ☐ Yes ☐ No
4. Are at least two signatures required on checks?
Above what amount? ☐ Yes ☐ No
\$
5. Do vouchers or other supporting records accompany all checks to be signed? ☐ Yes ☐ No
6. Do you utilize a Positive Pay system? ☐ Yes ☐ No
7. Are internal controls 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) ☐ Yes ☐ No
8. Are all controls consistent among all locations (including foreign locations)? ☐ Yes ☐ No
9. Are employees in sensitive positions required to take annual vacations of at least five consecutive business days OR do you practice regular job rotation? ☐ Yes ☐ No
10. Is fraud training provided to: ☐ executives? ☐ managers? ☐ employees?
11. Do you have a fraud hotline that is publicized to employees, vendors and customers? ☐ Yes ☐ No
Are all tips appropriately investigated and action taken? ☐ Yes ☐ No

Vendor controls

1. Estimated number of active vendors utilized:
2. Do you use vendors for handling financial transactions such as payroll and accounting (other than your outside auditor)? ☐ Yes ☐ No
3. Is an authorized vendor list utilized and updated annually for all purchases, with competitive bidding required? ☐ Yes ☐ No
4. Are background checks performed on vendors in order to determine ownership and financial capability? ☐ Yes ☐ No
5. Is the responsibility for authorizing vendors, approving invoices and processing payments segregated among different employees? ☐ Yes ☐ No
6. Are the duties of purchasing, receiving, storekeeping and shipping separate so that no one individual can control these functions from beginning to end? ☐ Yes ☐ No

Computer controls

1. Are passwords required for access to sensitive information?
How often are passwords required to be changed? ☐ Yes ☐ No
2. When employees change positions and no longer require access to certain information, is access status changed? ☐ Yes ☐ No
3. Are daily backups made and stored securely off premises? ☐ Yes ☐ No
4. How long are backups kept?



DECOTIS

SPECIALTY INSURANCE

5. Do you use online banking? ☐ Yes ☐ No

Describe controls:

6. Are employees warned of phishing scams and blocked from harmful websites? ☐ Yes ☐ No

7. Are all desktop computers protected by anti-virus software? ☐ Yes ☐ No

8. Does your bank require authentication of the identity of the caller before acting upon any transfer instructions? ☐ Yes ☐ No

9. Are verifications sent directly to a department not authorized to initiate transfers? ☐ Yes ☐ No

10. Are there independent checks of funds transfer records by employees not authorized to handle such transfers? ☐ Yes ☐ No

Financial Information

	Current year	Prior year
Total assets:	\$	\$
Total equity/net assets/fund balance:	\$	\$
Total revenues:	\$	\$
Net income / change in net assets:	\$	\$

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, the Applicant must notify the Insurer in writing and any outstanding quote for insurance coverage may be modified or withdrawn.

The Applicant's submission of this Application does not obligate the Insurer to issue, or the Applicant to purchase a policy. The Applicant authorizes the Insurer to make any inquiry in connection with this Application.

All written statements and materials furnished to the Insurer in conjunction with this Application are hereby incorporated into this Application and made a part hereof.

The undersigned authorized agents of the Applicant declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application are true and complete. The undersigned agree that this Application shall be the basis of the insurance policy should an insurance policy providing the requested coverage be issued and that the Insurer will have relied on the Application in issuing any policy.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 INSURANCE 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 AUTHORITIES.



DECOTIS
SPECIALTY INSURANCE

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO OKLAHOMA APPLICANTS: 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 (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 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.



DECOTIS
SPECIALTY INSURANCE

Applicant's printed name

Applicant's signature

Date

Signature of Producer

Date

Address of Producer

Producer's License Number