

**GENERAL INFORMATION: COMMERCIAL ENTERPRISES ONLY**

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

**GENERAL INFORMATION: GOVERNMENTAL ENTERPRISES ONLY**

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

**COMPARISON OF REPORTING INSURANCE AGREEMENTS (If Applicable)**

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

**GENERAL CHECKS**

- Is an independent Certified Public Accountant involved in the applicant's financial reporting?  
If yes, financial statements are:  Audited  Reviewed  Compiled  Yes  No
- Are at least two signatures required on checks? If yes, over what dollar amount? \$ \_\_\_\_\_  
If no, who signs checks? \_\_\_\_\_  Yes  No
- Do employees who reconcile monthly bank statements also:  
Sign checks?  Yes  No  
Handle bank deposits?  Yes  No  
Have access to check signing machines or signature plates?  Yes  No
- Do you have a specific system or procedure to detect payment to fictitious suppliers?  
If Yes, please explain \_\_\_\_\_  Yes  No

**ADDITIONAL INTERNAL CONTROL QUESTION FOR GOVERNMENTAL ENTERPRISES**

- Is there a written investment policy?  Yes  No
- Is there an investment department which is separate from the Treasurer's Department?  Yes  No
- Is there a periodic review by an investment committee or board?  Yes  No
- 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.*

# THEFT OF CLIENT'S PROPERTY - "OFF PREMISES" QUESTIONNAIRE



This questionnaire is a supplement to The Hartford's Crime Policy Application for Mercantile and Governmental Entities.

NAME OF INSURED: \_\_\_\_\_

LIMIT OF INSURANCE: \_\_\_\_\_ DEDUCTIBLE: \_\_\_\_\_

1. What is the name of the client or clients you will be working for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What type of work will be performed for your client(s)? Please provide details below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How many employees will be on the premises of your client(s)? \_\_\_\_\_

4. Will you have access to the client's money, securities, banking systems, wire transfer systems or any sensitive computer data? If yes, please provide details below:  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

5. Will you have restricted access to physical areas of the clients premises by keycards, locks, etc.?  Yes  No

6. Will you be performing your services during normal business hours (i.e. 9:00am-5:00pm)?  Yes  No  
If no, at what time will you be performing your work? \_\_\_\_\_

7. Will your employees be supervised and/or monitored by your client(s) when performing services on their premises?  Yes  No

8. Will your employee's be required to wear I.D. badges or carry special identification in order to identify themselves as "non-employees"?  Yes  No

9. Do you perform background checks on your employees, including personal references, past employment references, criminal records, drug testing? If no, please explain below:  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

10. Do you have any knowledge of an employee stealing from a client in the past or at this time?  Yes  No  
If yes, please provide complete details or an attachment to include a description of the loss, amount of the loss, and corrective measures to prevent the same from occurring.  
\_\_\_\_\_  
\_\_\_\_\_

11. If this coverage is for one specific client contract, what is the expected start date and completion date for this contract?  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

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