



### Combination Crime Policy Application Governmental Entities

Application is hereby made by \_\_\_\_\_  
(list all insureds)

Principal Address \_\_\_\_\_  
(Street) (City) (State) (Zip code)

for a \_\_\_\_\_ **Combination Crime Policy** with:  
(primary, excess, contributing)

Coverage Forms

Limit of Insurance

Coverage Form O – Public Employee Dishonesty – Per Loss Coverage ..... \$ \_\_\_\_\_

Coverage Form B - Forgery or Alteration ..... \$ \_\_\_\_\_

to become effective or to be continued as of 12:01 a.m. on \_\_\_\_\_ to 12:01 a.m. on \_\_\_\_\_

Premium payable (check appropriate box) **Prepaid:** Annual , Two year , Three year , Four year   
**Equal Annual Installments:** Two year , Three year , Four year

1. If this insurance indemnifies an Obligee other than the Named Insured, list name and address of Obligee:  
\_\_\_\_\_

2. DESCRIPTION OF YOUR ORGANIZATION:

(a) Is your organization a part of the government:  State,  County,  City,  Town,  Township,  
 Village,  Borough,  Other Political Subdivision \_\_\_\_\_

(b) Is insurance being provided for a school system?.....  Yes  No

3. AUDIT PROCEDURES:

(a) Is there an audit by a CPA, public accountant or equivalent independent of your organization?  Yes  No  
If "Yes", how often  Quarterly,  Semi-Annually,  Annually

(b) Name and address of person or firm performing audit \_\_\_\_\_

(c) Are all locations audited? .....  Yes  No

(d) Is the audit made in accordance with generally accepted auditing standards and so certified?  Yes  No  
If "No", explain the scope of the audit \_\_\_\_\_

(e) Is the audit report rendered to a regulatory authority ? .....  Yes  No  
If "Yes", to whom are the reports rendered? \_\_\_\_\_

(f) Date of completion of last audit \_\_\_\_\_

(g) Is there an internal audit by an Internal Audit Department under the control of an employee who is a public accountant or equivalent? .....  Yes  No  
If "Yes", to whom are the reports rendered? \_\_\_\_\_

4. INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES) :

(a) Are bank accounts reconciled by someone not authorized to deposit or withdraw?.....  Yes  No  
If "No", explain \_\_\_\_\_

(b) Is countersignature of checks required? .....  Yes  No  
If "No", explain \_\_\_\_\_

(c) Are securities subject to joint control of two or more responsible employees? .....  Yes  No  
If "No", explain \_\_\_\_\_

5. PRIOR INSURANCE

(a) Has any similar insurance been declined or cancelled during the past three years?.....  Yes  No  
If "Yes", explain \_\_\_\_\_

(b) Prior insurance to be superseded.....Check if none

Form of Insurance	Effective Date	Expiration Date	Limit of Insurance	Name Insurance Co.
			\$	

(c) List below all fidelity and forgery losses sustained during the past three years, whether reimbursed or not, from \_\_\_\_\_ to \_\_\_\_\_ Check if none   
(mo, day, yr) (mo, day, yr)

Date of Loss	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Amount Recovered from other than Insurance	Amount of Loss Pending
		\$	\$	\$	\$

6. RATING DATA FOR COVERAGE FORMS O, P, AND B:

(a) Classification of Employees:

(1) List below (or attach separate sheet) the positions and number of officials/officers and employees occupying those positions to which this insurance applies:

No. of Occupants	Positions	No. of Occupants	Positions	No. of Occupants	Positions

**NOTE: Persons required by law to be individually bonded and treasurers or tax collectors by whatever title known are automatically excluded from coverage under Coverage Forms O and P.**

(2) From the list above (or attached separate sheet) determine the:

- a. Number of officials/officers, not required by law to be individually bonded, who are authorized to manage, govern, or control the Insured's employees \_\_\_\_\_
- b. Number of employees who handle, have custody or maintain records of money, securities or other property; department and division heads; and peace officers (including patrolmen when Faithful Performance of Duty Coverage is being written) \_\_\_\_\_
- c. Number of all other employees (including patrolmen, when written for Honesty Coverage only) \_\_\_\_\_

This form must be completed for each new policy and at the beginning of each premium period for renewal policies

6. RATING DATA FOR COVERAGE FORMS O, P, AND B (con't):

(b) Deductibles

(1) Coverage Forms O and P:

Amount

- a. All employees..... \$ \_\_\_\_\_
- b. Specified positions ..... \$ \_\_\_\_\_

List below the positions and number of employees occupying these positions:

<u>No. of Employees</u>	<u>Position (s)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(2) Coverage Form B: ..... \$ \_\_\_\_\_

7. COVERAGE AMENDMENTS (ENDORSEMENTS) – COVERAGE FORMS O and P:

- (a) Is Faithful Performance of Duty Coverage required ? .....  Yes  No
- (b) If blanket excess limits of insurance are desired on any of your Joint Insured's, complete the following:

<u>Joint Insured(s)</u>	<u>No. Employees</u>	<u>Excess Limit of Insurance</u>
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- (c) If excess limits of insurance are desired on any of your employees on either a name schedule or position schedule basis, complete the following:

Name Schedule Coverage		Position Schedule Coverage			Excess Limit of Insurance Each Employee
Item No	Name(s) of Covered Employees	Title(s) of Covered Positions	Location of Covered Position(s)	No. Employees Each Position	
					\$

Is Faithful Performance of Duty Coverage required on the employees or positions listed above?  Yes  No

8. COVERAGE AMENDMENT (ENDORSEMENT) – COVERAGE FORM B:

If insurance is desired, complete the following:

Credit, Debit, or Charge Card Instruments:

Covered instruments (check the appropriate box) include  or are limited to  No. Cardholders Limit of Insurance  
 credit, debit, or charge cards issued to you or any employee for business purposes.. \_\_\_\_\_ \$ \_\_\_\_\_

9. **The present officials/officers and employees of the Insured, in the positions held, as shown herein, have to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgment of the Insured indicated that any of the said officials/officers or employees are dishonest. Such knowledge that any official or officer signing for the Insured may now have in respect to his or her own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.**

Dated at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_  
 \_\_\_\_\_ By \_\_\_\_\_  
 (Insured) (Name and Title)