



**FIDELITY AND DEPOSIT COMPANY OF MARYLAND
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY**

Administrative Offices
1400 American Lane
Schaumburg, IL 60196

**APPLICATION FOR A
COMMERCIAL CRIME POLICY
FOR COMMERCIAL AND GOVERNMENT ENTITIES**

Application is hereby made by _____

(List all insureds, including Employee Benefits Plans)

Mailing Address _____
(No.) (Street) (City) (County) (State) (Zip)

Applicant's E-mail/Website Address _____
for a Commercial Crime Policy to become effective or to be continued as of 12:01 a.m. on _____
(Date)

Name and address of obligee if other than Insured: _____

	Limit of Insurance	Deductible Amount
Agreement 1 - Blanket - Employee Theft	\$ _____	\$ _____
Agreement 2 - Forgery or Alteration	\$ _____	\$ _____
Agreement 3 - Inside The Premises - Theft of Money & Securities		
___ Blanket	\$ _____	\$ _____
___ Schedule		
Agreement 4 - Inside The Premises - Robbery Or Safe Burglary Of Other Property		
___ Blanket	\$ _____	\$ _____
___ Schedule		
Agreement 5 - Outside The Premises - Theft of Money & Securities And Robbery of Other Property		
___ Blanket	\$ _____	\$ _____
___ Schedule		
Agreement 6 - Computer Fraud	\$ _____	\$ _____
Agreement 7 - Money Orders And Counterfeit Paper Currency	\$ _____	\$ _____
 Other Coverages/Endorsements	Limit of Insurance	Deductible Amount
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Is Faithful Performance of Duty coverage, as prescribed by law or your constitution and by-laws, requested? ___ Yes ___ No

Premium Payable: ___ Annual ___ Three year prepaid ___ Three year in equal annual installments

DESCRIPTION OF YOUR ORGANIZATION:

- Classify your predominant activity: Manufacturer ___ Processor ___ Wholesaler ___ Distributor ___
Retailer ___ Servicer ___ Governmental ___ Other ___ (explain) _____
- Describe the products and services of your predominant business or activity _____
- Are you a Proprietorship ___ Partnership ___ Corporation ___ Other ___
a. If a corporation, does any employee own more than 50% of the stock? Yes ___ No ___
If "Yes", give name and percentage: _____
- Number of additional locations? Retail _____ Not Retail _____
- Date you were established _____

6. Are there any foreign locations? Yes No

If "Yes", list countries and number of employees:

Country	No. of Employees
_____	_____
_____	_____
_____	_____

AUDIT PROCEDURES AND INTERNAL CONTROLS

IF A QUESTION IS ANSWERED "NO", EXPLAIN WHAT ALTERNATE CONTROL IS IN EFFECT
(ATTACH SEPARATE SHEET WITH EXPLANATIONS)

1. Do you have a CPA Audit, at least annually, made in accordance with generally accepted auditing standards and so certified? Yes No
2. Are bank accounts reconciled monthly by someone not authorized to deposit or withdraw there from? Yes No
3. Is countersignature of checks required? Yes No
4. Are incoming checks immediately stamped "For Deposit Only" to the credit of applicant?..... Yes No
5. Are all deposits made in the name of applicant? Yes No
6. Are securities subject to joint control by two or more responsible employees? Yes No
7. Is an inventory of merchandise taken at least annually? Yes No
8. Is at least one continuous week of vacation taken annually by all employees? Yes No

COMMERCIAL EMPLOYEE CLASSIFICATION

1. Number of Officers _____

2. Number of employees in the following classifications:

No. of	No. of	No. of
_____ Accountants and Asst.	_____ Computer Programmers	_____ Receiving Clerks
_____ Accountants	_____ Comptrollers and Asst.	_____ Salespeople
_____ Adjusters	_____ Comptrollers	_____ Security Personnel
_____ Administrators and Asst.	_____ Credit Clerks and Managers	_____ Service Station
_____ Administrators	_____ Custodians	_____ Attendants
_____ Appraisers and Clerks acting as Appraisers	_____ Flood Inspectors	_____ Shipping Clerks
_____ Attorneys	_____ Head Pharmacists	_____ Stock Clerks
_____ Auditors and Asst. Auditors	_____ Instructors having custody of money or securities	_____ Storekeepers
_____ Bookkeepers	_____ Janitors	_____ Storeroom Personnel
_____ Bursars and Asst. Bursars	_____ Ledger Keepers	_____ Superintendents and Asst. Superintendents
_____ Bus Drivers	_____ Locker Room Attendants	_____ Supervisors and Asst. Supervisors
_____ Buyers and Asst. Buyers	_____ Maitre d's and Asst. Maitre d's	_____ Taxi Drivers
_____ Canvassers (door-to-door Salespeople)	_____ Managers and Asst. Managers	_____ Timekeepers.
_____ Cashiers and Asst. Cashiers	_____ Medical Directors	_____ Truck Drivers
_____ Chairpersons	_____ Messengers, outside	_____ Warehouse Personnel
_____ Chefs who order food	_____ Payroll Distributors	_____ All other employees not listed who handle, have custody or maintain records of money, securities or other property.
_____ Collectors	_____ Purchasing Agents and Asst. Purchasing Agents	

3. Number of all other employees: _____

GOVERNMENTAL EMPLOYEE CLASSIFICATION

Note: Persons required by law to be individually bonded and treasurers or tax collectors by whatever title known are automatically excluded from coverage under the Government Crime Policy.

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

MONEY – SECURITIES

ENTER THE EXPOSURES FOR EACH CATEGORY. AMOUNTS ENTERED SHOULD BE MAXIMUM EXPOSURE.						
TYPE	MONEY	CHECKS FOR DEPOSIT	CHECKS FOR ACCOUNTS PAYABLE	PAYROLL CHECKS	MONEY OVERNIGHT	SECURITIES (IN BANK/SAFE DEPOSIT)
INSIDE	\$	\$	\$	\$	\$	\$
MESSENGER #1	\$	\$	\$	\$	\$	
MESSENGER #2	\$	\$	\$	\$	\$	

PROPERTY

DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC.	MAXIMUM VALUE

GENERAL INFORMATION

BUSINESS HOURS	AVG# EMPLOYEES ON DUTY	CHECKS STAMPED FOR DEPOSIT ONLY	FREQUENCY OF DEPOSITS	NIGHT DEPOSITORY USED	ANNUAL GROSS SALES OR RECEIPTS FOR LAST FISCAL YEAR	DOES PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS? YES NO		OTHER INFORMATION

SAFE/VAULT

MANUFACTURER	LABEL	CLASS	DOOR TYPE		COMBINATION LOCKS			THICKNESS	
			ROUND	SQUARE	OUTER	INNER	CHEST	DOOR (EXCL BOLTWORK)	WALL
	UL								
	SMNA								
	UL								
	SMNA								

MESSENGER PROTECTION

MESS'GR #	# OF GUARDS PER MESSENGER	PRIVATE CONVEYANCE USED?	SAFETY SATCHEL USED?	MESS'GR #	# OF GUARDS PER MESSENGER	PRIVATE CONVEYANCE USED?	SAFETY SATCHEL USED?
		YES NO	YES NO			YES NO	YES NO

PREMISES/SAFE PROTECTION

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			ALARM INSTALLED AND SERVICED BY	# GUARDS	WATCHPERSONS
			SAFE/VAULT	PREMISES				
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG			1	2	3		<input type="checkbox"/> RPT/CENT ST
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CENTRAL STATION		<input type="checkbox"/> PARTIAL				<input type="checkbox"/> # WATCH PERSONS	<input type="checkbox"/> CLOCK HRLY
<input type="checkbox"/> SAFE	<input type="checkbox"/> POLICE CONNECT WITH KEYS		<input type="checkbox"/> COMPLETE					<input type="checkbox"/> DONT SIGNAL
ACCESSIBLE OPENINGS & PROTECTION						OTHER PROTECTION (Fences, Floodlights, etc.)		
CERTIFICATE NUMBER								
EXPIRATION DATE:								

PRIOR CRIME INSURANCE HISTORY

1. Has any similar insurance to that being applied for been declined or cancelled in the last three years? (not applicable in the state of Missouri) YES NO
 If "Yes", explain _____

2. List all losses sustained during the past three years, whether reimbursed or not, from _____ to _____.
 (month,day,year) (month,day,year)

Check if none

(Briefly describe each loss and explain corrective measures on separate sheet.)

Date of Loss	Amount of Loss	Amount Recovered from Insurance	Amount of Loss Pending	Amount Recovered from other than Insurance	Type of Loss	If Loss occurred at other than Head Office, state location
	\$	\$	\$	\$		

3. If this policy replaces similar crime insurance, list the prior insurer.

Check if none

4. Will this policy supplement a special multi-peril or other package policy? Yes No
 If "Yes", name insurer. _____ Effective Date _____ Policy No. _____

It is understood that the first premium upon the Policy applied for, and subsequent premiums thereon, are due at the beginning of each premium period, that the Company is entitled to additional premiums because of any unusual increase in the number of Employees or Premises and that the Applicant agrees to pay all such premiums promptly. The Employees of the Applicant have all, to the best of the Applicant's knowledge and belief, while in the service of the Applicant always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Applicant indicates that any of the said Employees are dishonest. Such knowledge as any officer signing for the Applicant may now have in respect to his own personal acts or conduct, unknown to the Applicant, is not imputable to the Applicant.

FRAUD NOTICES: Prior to signing this Proposal Form, please review the following statutory fraud notices as they may apply to the Company's domicile:

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss 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.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

DISTRICT OF COLUMBIA: 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.

FLORIDA: 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 statement is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

LOUISIANA: 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.

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

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

NEW YORK: 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 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.

OHIO: 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.

OKLAHOMA: 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 false, incomplete or misleading information is guilty of a felony.

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 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.

TENNESSEE: 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.

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.

Dated at _____ this _____ day of _____ ,

(Insured)

By _____
(Name and Title)

(Agent)

(FL & IA Only) Licensed Agent or Broker _____

(FL Only) License Number: _____