TRAVELERS

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Crime
Coverage Application

Travelers Casualty and Surety Company of America
Hartford, Connecticut 06183

GENERAL INFORMATION

The term "Applicant" means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

Agency	Code	Agent Name/License Number	Policy Number

Applicant Information:

Name of **Applicant**: _____

Street Address: _____

City, State, Zip: _____

Website Address: _____

Description of **Applicant's** operations: _____

Year **Applicant's** business was established: _____

What is the **Applicant's** annual revenue? $ _____

Does the **Applicant** now have tax exempt status under the United States Internal Revenue Code?   Yes   No

Is the **Applicant** a subsidiary of a foreign parent?   Yes   No

Does the **Applicant** currently file, or do they anticipate in the next 6 months filing, any documents with the Securities and Exchange Commission, or similar foreign authority regarding any equity or debt securities?   Yes   No

Subsidiary Information and 50% or more owned joint ventures under management control:

Name	% Owned	Year Started	Description of Operations	Entity Type*
	%			
	%			
	%			
*Entity Types: FP = For-Profit (other than Partnership) NP = Non-Profit GP = General Partnership LP = Limited Partnership LLC = Limited Liability Company To enter more information, please attach a separate page or an organization chart				

Locations of **Applicants** and Number of Employees* for Each:

State or Foreign Country	# of Locations	Full Time Employees		Part Time Employees	
		As of Date of Application	12 Months Ago	As of Date of Application	12 Months Ago
*Employees include Leased, Temporary, and Seasonal **To enter more information, please attach a separate page to the application**					

Please indicate the maximum exposure for each location:

Locations	Cash	Retail Checks	Credit Card Receipts & Non-Retail Checks
	$	$	$
	$	$	$
	$	$	$
To enter more information, please attach a separate page to the application			

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FINANCIAL INFORMATION

Note: Omit this section if the Applicant is required to submit a separate financial statement as directed in the Required Attachments section.

Please indicate the following as it relates to the Applicant's fiscal year end (FYE): *(please indicate negative figures with "( )" or "-", as appropriate)*	Most Recent FYE (Month/Year) /	Prior FYE (Month/Year) /
1. Current Assets		
2. Total Assets		
3. Current Liabilities		
4. Long Term Debt		
5. Retained Earnings/Fund Balance (Accumulated Deficit/Fund Deficit)		
6. Net Equity/Net Assets (Deficit Equity)		
7. Revenues		
8. Net Income (Net Loss)		
9. Is the **Applicant** currently, or has it been in the past 24 months, in violation or has it amended any debt covenant? **If "Yes", please attach an explanation**	Yes No	

AUDITOR INFORMATION

Scope of CPA Financial Statement preparation: Internal   Compilation   Review   Audit   None

1. Has the **Applicant** changed outside auditors in the last three (3) years? **If "Yes", please attach an explanation**   Yes   No   N/A

2. Have the outside auditors stated there are material weaknesses in the **Applicant's** systems of internal controls? **If "Yes", please attach an explanation and provide the latest CPA letter to management and management's response**   Yes   No   N/A

3. Has the **Applicant** implemented all material recommendations of the auditor? **If "No", please attach an explanation**   Yes   No   N/A

4. Has any auditor issued a "going concern" opinion for the **Applicant** or any of its subsidiaries financial statements during the past three (3) years? **If "Yes", please attach an explanation**   Yes   No   N/A

INTERNAL CONTROLS

1. Are owners active in the day to day oversight of business operations?   Yes   No

2. Does someone other than the person responsible for reconciling bank accounts:
   Make Deposits?   Yes   No   Make Withdrawals?   Yes   No   Sign Checks?   Yes   No

3. Is countersignature of checks required?   Yes   No   If Yes, what is the dual signing limit? $_____

4. Is segregation of duties practiced in the following areas:
   Inventory management?   Yes   No   Cash receipts?   Yes   No
   Vendor approval?   Yes   No   Oversight of blank check stock?   Yes   No
   Purchase order approval and payment?   Yes   No   Retail checks and credit card receipts?   Yes   No
   Wire transfer receipts and payments   Yes   No

5. Are all incoming checks stamped "for deposit only" immediately upon receipt?   Yes   No

6. Is a physical count of inventory conducted at least annually?   Yes   No

7. Are inventory records computerized?   Yes   No

8. Are the duties of computer programmers and operators separated?   Yes   No

9. Is dual authorization required for all wire transfers?   Yes   No   N/A

10. Do you perform any of the following on candidates for new employment:
    Verification of Prior Employment?   Yes   No   Credit History?   Yes   No
    Drug Testing?   Yes   No   Criminal History?   Yes   No
    Education Verification?   Yes   No

11. Please indicate if you have or perform any of the following:

Business Practices/Policies:

Formal written business plan?	Code of Ethics?
Fraud Policy?	Conflict of Interest Policy?
Confidential hotline or procedure for employees to report violations in your policies?	

Physical Controls:

Guards/Watchmen	Premises Alarm Systems
Messengers	Controlled Premises Access
Other protection	

UNIQUE/SIGNIFICANT EXPOSURES

Please indicate any of the following characteristics or exposures that apply to your business operations:

Precious Metals or Gemstones	Proprietary credit cards	Care, custody and control of clients' property
High Unit, Portable Inventory	Employee credit cards	Active participation in more than one industry
Managed Assets of Others	Computer chips	Art collection or other valuable collectibles
Proprietary Trading Activity	Warehousing operations	None applicable
Joint Ventures	Narcotics	

If you checked any of the characteristics or exposures above, please provide details that quantify the exposure and briefly describe the controls in place to protect you from loss in a separate attachment

COVERAGE INFORMATION

Desired Crime Coverage	Expiring Limit	Expiring Retention	Requested Limit	Requested Retention
Fidelity: Employee Theft				
Fidelity: ERISA Fidelity				
Fidelity: Employee Theft of Client Property				
Forgery or Alteration				
On Premises (Money, Securities and Other Property)				
In Transit (Money, Securities and Other Property)				
Money Orders and Counterfeit Money				
Computer Crime				
Funds Transfer Fraud				
Personal Accounts Protection				
Claim Expense				

Expiring Insurer: _____   Expiring Premium: $ _____

LOSS INFORMATION

Has the **Applicant** sustained any Crime-related losses during the past three years?

If "Yes", please complete the table below

To the extent that any loss which could be covered by this policy was "Discovered", as defined in this policy, prior to the policy period requested hereunder, such loss is excluded from coverage under this policy.

Yes   No

Date of Loss	Amount of Loss	Description of Loss	Corrective Procedures Implemented
	$		
	$		

REQUIRED ATTACHMENTS

As part of this Application, submit the following documents with respect to the **Applicant:**

- Most recent annual financial statement, for limit requests of $5,000,000 or greater
- CPA Management Letter, if prepared, for limit requests of $5,000,000 or greater
- If coverage for Employee Theft of Client Property (Third Party Crime) is requested, submit Third Party Crime Supplemental Questionnaire.

SIGNATURE SECTION

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED IN CONNECTION WITH THE APPLICATION PROCESS, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Attention: Insureds in AR, CO, DC, FL, KY, LA, ME, NJ, NM, NY, OH, OK, PA, TN, and VA
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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

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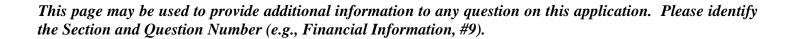
(In Pennsylvania, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information or concerning any fact material thereto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

(In Washington, 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.)

Signature of **Applicant's** Authorized
Representative (President or CEO) _____ Title: _____

Name (Printed): _____ Date: _____

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the Section and Question Number (e.g., Financial Information, #9).