

CRIME COVERAGE SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Effective Date: _____

AUDITS

Are annual financial audits conducted by an independent CPA? Yes No

Is inventory audited? Yes No

What kind of opinion did CPA give on most recent audited financials? Clean Qualified Compilation Only

CHECK SIGNING

Are all checks stamped "For Deposit Only" upon receipt? Yes No

Are two, hand-affixed, signatures (countersignature) required on checks? No Over \$1,000 Over \$5,000 All

If no, who signs? Name: _____ Title: _____

If mechanically affixed signatures are used, by computer or otherwise, how many people are authorized to use? _____

Is the person who edits/verifies/approves the issued checks the same person who issues them? Yes No

ACCOUNTING CONTROLS

Is money (cash/checks) deposited the same day as collected? Yes No If NO, when? _____

How many people handle/count the money? _____

Are employees who are authorized to reconcile bank account statements permitted to handle deposits or sign checks without countersignature? Yes No

How often are bank accounts reconciled? Monthly Quarterly Annually

Do different people perform each of the following functions? Yes No

a. Money (cash/checks) receipts

b. Disbursements

c. Deposits

d. Bank Account Reconciliations

If NO, explain?

BURGLARY AND ROBBERY

Is a safe used? Yes No If YES, for what? _____

Is a burglar alarm in use? Yes No If YES, is it: Central Station Local

Are deposits made: By mail Directly at bank

CURRENT COVERAGE

Company _____ Employee Theft (Dishonesty) Limit: \$ _____

Third Party Liability Limit: \$ _____ Money Inside/Outside Limit: \$ _____ / _____

ERISA Covered Plan Name: _____

Claims in Past 5 Years: _____

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

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

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____ Date: _____

Print Name: _____ Title: _____



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