

**Crime Coverage Section Information**

Is the Organization seeking Crime coverage?  
 If yes, please answer the following questions.

Yes  No

**1. Indicate Limit(s) of Liability requested:**

Insuring Agreement	Limits Requested
Employee Theft	
Forgery or Alteration	
Inside the Premises-Money & Securities	
Inside the Premises-Robbery/Safe Burglary (Other Property)	
Outside the Premises	
Computer Fraud	
Funds Transfer Fraud	
Money Orders & Counterfeit Paper Currency	
Credit Card Forgery	
Other (specify)	

**2. Total number of employees:**

"Employees"/"Premises"	U.S	Other	TOTAL
Total Revenues:	\$	\$	\$
Total number of "Premises"			
Total number of "Employee"(s)			
% of employees who regularly handle, have access to or maintain records of money, securities or other property	%	%	%

**3. General Information**

- a. Did the organization initiate and/or complete any facility or office closings, any material changes in the staffing model (including reductions or increases in staff), within the past 18 months?  Yes  No
- b. Does the organization have a Code of Business Conduct that applies to all "employees"?  Yes  No

**4. Audit Procedures**

- a. Does an independent CPA conduct a fully opinioned audit annually?  Yes  No
- b. Does the organization have an Internal Audit Department?  Yes  No

**5. Internal Controls**

- a. Do all outgoing checks require at least two (2) signatures?  Yes  No
- b. Does the organization require reconciliation of all active bank accounts, at least monthly?  Yes  No
- c. Does the organization have any exposure of money, precious metals or stones at any single location, valued at \$5,000 or greater?  Yes  No

**6. Vendor Controls**

- a. Does the organization have a procedure in place to verify the existence and ownership of all new vendors, prior to adding them to an authorized master vendor list?  Yes  No

**7. Inventory Controls:**

- a. Are physical inventory counts conducted, at least annually, and reconciled against the perpetual inventorying system?  Yes  No