

a stock insurance company, herein called the Insurer

**CrimeSHIELD<sup>SM</sup> POLICY APPLICATION**  
**for COMMERCIAL and GOVERNMENTAL ENTITIES**  
(Limits less than \$1 Million)



Agency Name: Sanguinetti & Co. Insurance Hartford Agency Code: 57-128439

Application is hereby made by: \_\_\_\_\_

(First Named Insured and all additional insureds, including Employee Benefit Plans to be insured. Attach separate sheet, if necessary. )

Principal address: \_\_\_\_\_

(No., Street)

City

State

Zip Code

Company Web-Site: \_\_\_\_\_

EFFECTIVE DATE OF COVERAGE	FROM:	TO:
BILLING METHOD	<input checked="" type="checkbox"/> AGENCY BILL	<input type="checkbox"/> DIRECT BILL (annual payment plan only)
PAYMENT PLAN	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> 3 YEAR PREPAID

Are you applying for:  PRIMARY COVERAGE  EXCESS COVERAGE

**Present Crime Insurance Program: (Include primary AND excess, if applicable)**  
*If not applicable, please check here:*

Insurance Carrier	Type (Primary or Excess)	Policy Period	Limit of Liability	Deductible	Premium
			\$	\$	\$
			\$	\$	\$

Has any similar insurance been declined, canceled, or nonrenewed during the past three years?  YES  NO  
 If Yes, please explain: *(Not applicable in Missouri)*

INSURING AGREEMENT		LIMIT	DEDUCTIBLE <i>(for excess coverage, deductible is primary coverage + primary deductible).</i>
<i>Commercial Entities Only:</i>			
1.	Employee Theft	\$	\$
<i>Governmental Entities Only:</i>			
Choose 1.A. or 1.B.			
1.A. OR 1.B.	Employee Theft Per Loss <input type="checkbox"/>	\$	\$
	Employee Theft Per Employee <input type="checkbox"/>	\$	\$
	Is Faithful Performance desired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Optional Coverages:</i>			
2.	Depositors Forgery or Alteration	\$	\$
3. OR 4.	Theft, Disappearance & Destruction (Money, Securities and Other Property) <input type="checkbox"/>	\$	\$
	Robbery and Safe Burglary (Money and Securities) <input type="checkbox"/>	\$	\$
5.	Computer and Funds Transfer Fraud	\$	\$

<b>6.</b>	<b>Money Orders and Counterfeit Currency (automatically included)</b>	\$ 50,000	\$ 0
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**A. ORGANIZATIONAL BACKGROUND FOR COMMERCIAL ENTITIES**

1. Are you a:	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other (e.g. LLC)
2. Are you a:	<input type="checkbox"/> Public company	<input type="checkbox"/> Private company		
3. Classify your predominant activity:	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Processor	<input type="checkbox"/> Wholesaler	
	<input type="checkbox"/> Distributor	<input type="checkbox"/> Retailer	<input type="checkbox"/> Service	
Other (explain): _____				
4. Latest fiscal year-end revenues:	\$ _____			

**ORGANIZATIONAL BACKGROUND FOR GOVERNMENTAL ENTITIES**

Are you a:	<input type="checkbox"/> State	<input type="checkbox"/> County	<input type="checkbox"/> City	<input type="checkbox"/> Town	<input type="checkbox"/> Township	<input type="checkbox"/> Village
	<input type="checkbox"/> Borough	<input type="checkbox"/> Other Political Subdivision	Explain here			

**B. CLASSIFICATION OF EMPLOYEES AND LOCATION INFORMATION**

Total # of Employees	Total # of Locations: <i>(Not needed for governmental entities)</i>
<b>Grand Total:</b>	
Number of above who are in management or handle, have custody or maintain records of Money, Securities or Other Property:	<b>Manufacturing</b>
	<b>Warehouse</b>
	<b>Distribution</b>
	<b>Retail</b>
	<b>Grand Total:</b>

**FOREIGN LOCATIONS** Check here if none:

Total # of Foreign Locations:			
For each foreign location, please detail the following information (Attach separate sheet, if necessary):			
COUNTRY	TYPE OF OPERATION	# OF EMPLOYEES	REVENUES (if applicable)

**C. EMPLOYMENT PRACTICES**

Are pre-employment checks done which include employment verification, personal references, or record of prior convictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**D. INTERNAL CONTROLS**

1. Is an independent Certified Public Accountant involved in the applicant's financial reporting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are there at least two signatures required on checks? If yes, over what dollar amount? \$ _____ If no, what position signs checks? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do employees who reconcile monthly bank statements also: Sign Checks? Handle Bank Deposits? Have Access to Check Signing Machines, Signatures Plates or Check Printing Materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have a specific system or procedure in place to detect payment to fictitious suppliers? If yes, please describe: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**E. ADDITIONAL INTERNAL CONTROL QUESTIONS FOR GOVERNMENTAL ENTITIES**

1. Is there a written investment policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is there an investment department which is separate from the Treasurer's Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is there a periodic review by an investment committee or board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Who makes investment decisions? _____		

**K. LOSS EXPERIENCE**

**List all fidelity and crime losses discovered or sustained in the last six (6) years. (NY: three ( 3) years)**  
**Check here if none:**

DATE OF LOSS	TYPE OF LOSS (Employee Dishonesty, Forgery, etc.)	AMOUNT OF LOSS

## Insurance Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or a statement of claim 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 in certain jurisdictions.

## Important State Specific Information

**ARKANSAS APPLICANTS:** 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.

**COLORADO APPLICANTS:** 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 APPLICANTS:** 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 APPLICANTS:** 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 INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

**KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**LOUISIANA APPLICANTS:** 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 APPLICANTS:** 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.

**MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NEW JERSEY APPLICANTS:** 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 APPLICANTS:** 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 APPLICANTS:** 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 MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**OHIO APPLICANTS:** 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 APPLICANTS:** WARNING: 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 ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**OKLAHOMA APPLICANTS:** WARNING: 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 ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

**PENNSYLVANIA APPLICANTS:** 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**PUERTO RICO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

**RHODE ISLAND APPLICANTS:** "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."

**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 APPLICANTS:** 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.

**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."

**WEST VIRGINIA:** 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.

**The Insured represents that the information furnished in this application is complete, true and correct. Any intentional misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any bond issued in reliance upon such information.**

**\*APPLIES TO GEORGIA, NEW HAMPSHIRE, VIRGINIA APPLICANTS ONLY:** The Insured represents that the information furnished in this application is complete, true and correct. It is further agreed that if the above described declarations and statements are not true, accurate and complete, and are deemed material to the issuance of this Policy, any claim arising from any matter not truthfully, accurately or completely disclosed, or disclosed at all, shall be excluded from coverage.

**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.**

Application completed by: \_\_\_\_\_  
(Name and Title)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Producer (Florida, Iowa Only):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Producer No. (Florida Only):** \_\_\_\_\_

**Producer Signature (New Hampshire only):** \_\_\_\_\_

**Producer Address:** \_\_\_\_\_