

_____, a stock insurance company, herein called the Insurer

**CrimeSHIELDSM POLICY APPLICATION for
CHURCHES, MOSQUES, SYNAGOGUES & OTHER HOUSES OF WORSHIP**



Agency Name: Sanguinetti & Co. Insurance Brokers 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

EFFECTIVE DATE OF COVERAGE FROM: _____ TO: _____
BILLING METHOD AGENCY BILL DIRECT BILL

Present Crime Insurance Program: (Include primary AND excess, if applicable)

If not applicable, please check here:

Has any similar insurance been declined or canceled during the past three years? Yes No

If Yes, please explain:

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

INSURING AGREEMENT	LIMIT	DEDUCTIBLE <i>(for excess coverage, deductible is primary coverage + primary deductible).</i>
Commercial Entities Only:		
1. Employee Theft	\$	\$
2. Depositors Forgery or Alteration	\$	\$
3. Theft, Disappearance & Destruction (Money, Securities and Other Property)	\$	\$
4. Robbery and Safe Burglary (Money and Securities)	\$	\$
5. Computer and Funds Transfer Fraud	\$	\$
6. Money Orders and Counterfeit Currency (automatically included)	\$50,000	\$ 0

A. ORGANIZATIONAL BACKGROUND

Apart from usual activities as a house of worship, do you operate (check all that apply):

Day Care (Child) Elementary School Secondary School Camp
Day Care (Elder) Nursing or Assisted Living Homes
Cemetery Other (please describe)

Date you were established: _____ Current membership of the congregation: _____

Latest fiscal year-end revenues: \$ _____

B. CLASSIFICATION OF EMPLOYEES AND LOCATION INFORMATION

Total # of Employees	
Salaried Clergy/Employees	
Elected Officers	
Volunteers *	
Grand Total	

Total # of Separate Locations	
Worship	
Schools	
Residential	
Other	
Grand Total	

*Note, coverage will exclude all volunteers while acting in a funds solicitation capacity.

C. EMPLOYMENT PRACTICES

1. Does the Insured conduct a pre-employment check of salaried employees? If Yes, does it include the following:		
a. Prior employment verification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Personal references?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Record of prior convictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If the pre-employment check reveals adverse information, do you still hire the applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. AUDIT CONTROLS

1. Are your financial statements prepared annually by an independent Certified Public Accountant? If Yes, please attach most recent copy of CPA prepared financial statement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are all operations and locations included in the CPA prepared financial statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is there a CPA Management Letter/Response commenting on internal control weaknesses, recommendations for improvement, and a response by management? (If Yes, please attach the most recent report).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has the auditing firm made any recommendations that have not been adopted? If Yes, please explain. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. If a CPA Management Letter was not issued, did the CPA make any informal recommendations concerning internal control improvements? If Yes, please explain. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have an annual internal audit? If Yes, who has the internal audit responsibilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you have a documented system of internal control policies/procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. If any weaknesses are noted by internal audit, is the operation in question notified in writing by the Board or Council and are corrective actions monitored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is accounting centralized or decentralized? <input type="checkbox"/> Centralized <input type="checkbox"/> Decentralized If decentralized, how often are the transactions of separate operations reviewed by the Board or Council? _____ How often does the internal audit review/visit the other operation locations? _____		

E. DISBURSEMENT , CHECK HANDLING AND RECEIPTS CONTROLS

1. Are at least two signatures required on checks? If Yes, over what dollar amount? _____ If No, who signs checks? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If a facsimile plate is used:		
a) Is it kept in a safe?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Who has access to it? _____		
c) Is a record kept of its use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do employees who receive or reconcile monthly bank statements also:		
a) Sign checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Handle bank deposits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Have access to check signing machines or signature plates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the bank statement contain the cancelled checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are internal control systems designed so that no individual can control a process from beginning to end (e.g. request a check, approve a voucher and sign the check)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. How often is the blank check stock inventoried? _____ By whom? _____		
7. Are offerings always counted in the presence of at least two persons unrelated to one another?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are all incoming checks stamped "For Deposit Only" immediately upon receipt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Are offerings deposited at the bank the same date as received? If No, are they kept overnight in a burglar and fire resistant safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No
---	---	--

F. PURCHASING, VENDOR AND INVENTORY CONTROLS		
1. Are all check requests accompanied by an invoice or voucher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is an authorized vendor list utilized to assist in detecting payments to fictitious suppliers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the responsibility for authorizing vendors, approving invoices and processing payments segregated amongst different individuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. If No, and one person has complete responsibility, does this person also have authority to sign checks and reconcile bank accounts? If Yes, by whom? _____ How often? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have controls in place that will prevent payment to unauthorized vendors or duplicate invoices?		
6. Do you conduct a regular inventory of valuable religious articles, artifacts and art? If Yes, how often? _____ If Yes, by whom? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are all premises locked after hours of scheduled use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you have a security alarm system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I. ADDITIONAL INTERNAL CONTROL QUESTIONS		
1. Does the applicant maintain any endowment, trust or building funds? If Yes, please specify: _____ Amount at last fiscal year-end? \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is there a written investment policy?	<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?		

J. MONEY, SECURITIES AND PAYROLL EXPOSURES <i>(Complete only if Insuring Agreement 3 or 4 is requested)</i>			
	Money and Securities	Checks (Non Retail)	Other Property
Maximum Exposures in \$'s:			

K. LOSS EXPERIENCE		
List all fidelity and crime losses discovered or sustained in the last three years. Check here if none: <input type="checkbox"/>		
DATE OF LOSS	TYPE OF LOSS (Employee Dishonesty, Forgery, etc.)	AMOUNT OF LOSS

Please attach details of all losses including description, corrective action taken and amount covered by 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.

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 an insurance benefit 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.

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.

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.

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."

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.

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.

VERMONT APPLICANTS: 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 may be a crime in certain jurisdictions.

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.

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.

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)