

ACORD® CRIME SECTION

DATE (MM/DD/YY)

PRODUCER **PHONE (A/C, No, Ext): (402) 592-0900**
FAX (402) 592-0962
Associated Underwriters, Inc.
11115 "0" Street
P. O. Box 45820
Omaha, NE 68145-0820

APPLICANT
(First Named Insured)

EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
		AGENCY BILL		

CODE: _____ SUB CODE: _____
 AGENCY CUSTOMER ID: _____

FOR COMPANY USE ONLY

PLAN 1

FORM LTR	FORM TITLE	LIMIT	DEDUCTIBLE	FORM LTR	FORM TITLE	LIMIT	DEDUCTIBLE
A	EMPLOYEE DISHONESTY <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$		F	COMPUTER FRAUD	\$	
B	FORGERY OR ALTERATION	\$		G	EXTORTION (Ins Loss Participation _____ %)	\$	
C	THEFT, DISAPPEARANCE & DESTRUCTION			H	PREMISES THEFT & ROBBERY OUTSIDE		
	SEC 1 - INSIDE THE PREMISES	\$			SEC 1 - THEFT	\$	
	SEC 2 - OUTSIDE THE PREMISES	\$			SEC 2 - ROBBERY OUTSIDE	\$	
	<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE				<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE		
D	ROBBERY & SAFE BURGLARY	\$		Q	ROBBERY & SAFE BURGLARY MONEY & SECURITIES	\$	
	SEC 1 - INSIDE: ROBBERY OF CUSTODIANS SAFE BURGLARY	\$			SEC 1 - INSIDE THE PREMISES	\$	
	SEC 2 - OUTSIDE THE PREMISES	\$			SEC 2 - OUTSIDE THE PREMISES	\$	
	<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE				<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE		
E	PREMISES BURGLARY <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$					

COVERAGE AMENDMENTS (Endorsements)

CLASSIFICATION OF EMPLOYEES/LOCATIONS (Coverage Forms A & B)

LIST ALL OFFICERS AND EMPLOYEES (Including those construed to be employees by endorsement), OTHER THAN AGENTS AND PARTNERS, WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY, INCLUDING, IN ANY EVENT, THE POSITIONS LISTED BELOW:

NUMBER OF:	NUMBER OF:	NUMBER OF:	NUMBER OF:
ACCOUNTANTS AND ASST ACCOUNTANTS	COLLECTORS	LOCKER ROOM ATTENDANTS	STEWARDS/ESSES WHO ORDER FOOD
ADJUSTERS	COMPUTER PROGRAMMERS	MAITRE D'S AND ASST MAITRE D'S	STOCK CLERKS
ADMINISTRATORS AND ASST ADMINISTRATORS	COMPTROLLERS AND ASST COMPTROLLERS	MANAGERS AND ASST MANAGERS	STOREKEEPERS
APPRAISERS AND CLERKS ACTING AS APPRAISERS	CREDIT CLERKS AND MANAGERS	MEDICAL DIRECTORS	STOREROOM PERSONNEL
ATTORNEYS	CUSTODIANS	MESSENGERS, OUTSIDE	SUPERINTENDENTS AND ASST SUPERINTENDENTS
AUDITORS AND ASST AUDITORS	DELIVERY PERSONS	METER READERS WHO COLLECT	SUPERVISORS AND ASST SUPERVISORS
BOOKKEEPERS	DEMONSTRATORS	PAYROLL DISTRIBUTORS	TAXI DRIVERS
BURSARS AND ASST BURSARS	DETECTIVES	PROFESSORS HAVING CUSTODY OF MONEY OR SECURITIES	TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES
BUS DRIVERS	DIETITIANS WHO ORDER FOOD	PURCHASING AGENTS AND ASST PURCHASING AGENTS	TIMEKEEPERS AND ASST TIMEKEEPERS
BUYERS AND ASST BUYERS	DRIVERS AND DRIVERS' HELPERS	RECEIVING CLERKS	TRUCK DRIVERS
CANVASSERS (Door-to-door salespeople)	FLOOR WALKERS	REFINERY GAUGERS OF OIL COMPANIES HANDLING REFINED GASOLINE AND OILS	WAREHOUSE PERSONNEL
CASHIERS AND ASST CASHIERS	FOOD INSPECTORS	SALESPEOPLE	WINE CELLAR PERSONNEL
CHAIRPERSONS	HEAD PHARMACISTS	SECURITY PERSONNEL	WINE STEWARDS/ESSES
CHAUFFEURS	INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES	SERVICE STATION ATTENDANTS	ALL OTHER EMPLOYEES NOT LISTED WHO HANDLE, HAVE CUSTODY OR MAINTAIN RECORDS OF MONEY, SECURITIES OR OTHER PROPERTY
CHECKERS, FOOD AND BEVERAGE	JANITORS	SHIPPING CLERKS	
CHEFS WHO ORDER FOOD	LEDGER KEEPERS		

NUMBER OF OFFICERS:	TOTAL NUMBER OF OTHER EMPLOYEES:	MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS:	ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES:
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CONTROLS (Coverage Form A)

AUDIT	1. IS THERE AN AUDIT BY? <input type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER:	BANKING OTHER	5. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW?	YES	NO
	2. AUDIT FREQUENCY? <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER:		6. IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS?		
	3. DOES AUDIT INCLUDE INVENTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO		7. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES?		
	4. AUDIT REPORT IS RENDERED TO: <input type="checkbox"/> BOARD OF DIRECTORS <input type="checkbox"/> OTHER:		8. ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS?		

MONEY - SECURITIES (Coverages Forms C or Q - Blanket Coverage, By Locations)

ENTER THE EXPOSURES FOR EACH CATEGORY. AMOUNTS ENTERED SHOULD BE MAXIMUM EXPOSURE.

TYPE	MONEY	SECURITIES (OTHER THAN PAYROLL CHECKS)	CHECKS (EXCLUDING RETAIL CHECKS)	PAYROLL CHECKS	MONEY OVERNIGHT	SECURITIES (IN BANK/SAFE DEPOSIT)
INSIDE	\$	\$	\$	\$	\$	\$
MESSENGER #1	\$	\$	\$	\$	\$	
MESSENGER #2	\$	\$	\$	\$	\$	

PROPERTY (Coverage Forms D, E, & H)

DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC	MAXIMUM VALUE

GENERAL INFORMATION (All Coverage Forms Except A & B)

BUSINESS HOURS	AVG # EMPLOYEES ON DUTY	CHECKS STAMPED FOR DEPOSIT ONLY	FREQUENCY OF DEPOSITS	NIGHT DEPOSITORY USED	ANNUAL GROSS SALES OR RECEIPTS FOR LAST FISCAL YEAR	OTHER INFORMATION

SAFE/VAULT (Coverage Forms C, D & Q)

MANUFACTURER	LABEL	CLASS	DOOR TYPE		COMBINATION LOCKS			THICKNESS DOOR (EXCL BOLTWORK)	WALL
			ROUND	SQUARE	OUTER	INNER	CHEST		
	UL								
	SMNA								
	UL								
	SMNA								

MESSENGER PROTECTION (Coverage Forms C, D & Q)

MESS'GR #	# OF GUARDS PER MESSENGER	PRIVATE CONVEYANCE USED?	SAFETY SATCHEL USED?	MESS'GR #	# OF GUARDS PER MESSENGER	PRIVATE CONVEYANCE USED?	SAFETY SATCHEL USED?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

PREMISES/SAFE PROTECTION (Coverage Forms C, D, E & H)

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			ALARM INSTALLED AND SERVICED BY	# GUARDS	WATCHPERSONS
			SAFE/VAULT	PREMISES				
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG			1	2	3		RPT/CENT ST
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CENTRAL STATION		<input type="checkbox"/> PARTIAL				# WATCH PERSONS	CLOCK HRLY
<input type="checkbox"/> SAFE	<input type="checkbox"/> POLICE CONNECT		<input type="checkbox"/> COMPLETE					DON'T SIGNAL
WITH KEYS		ACCESSIBLE OPENINGS & PROTECTION				OTHER PROTECTION (Fences, Floodlights, etc)		
CERTIFICATE NUMBER								
EXPIRATION DATE:								

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			ALARM INSTALLED AND SERVICED BY	# GUARDS	WATCHPERSONS
			SAFE/VAULT	PREMISES				
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG			1	2	3		RPT/CENT ST
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CENTRAL STATION		<input type="checkbox"/> PARTIAL				# WATCH PERSONS	CLOCK HRLY
<input type="checkbox"/> SAFE	<input type="checkbox"/> POLICE CONNECT		<input type="checkbox"/> COMPLETE					DON'T SIGNAL
WITH KEYS		ACCESSIBLE OPENINGS & PROTECTION				OTHER PROTECTION (Fences, Floodlights, etc)		
CERTIFICATE NUMBER								
EXPIRATION DATE:								

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			ALARM INSTALLED AND SERVICED BY	# GUARDS	WATCHPERSONS
			SAFE/VAULT	PREMISES				
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG			1	2	3		RPT/CENT ST
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CENTRAL STATION		<input type="checkbox"/> PARTIAL				# WATCH PERSONS	CLOCK HRLY
<input type="checkbox"/> SAFE	<input type="checkbox"/> POLICE CONNECT		<input type="checkbox"/> COMPLETE					DON'T SIGNAL
WITH KEYS		ACCESSIBLE OPENINGS & PROTECTION				OTHER PROTECTION (Fences, Floodlights, etc)		
CERTIFICATE NUMBER								
EXPIRATION DATE:								

REMARKS