


ACORD™ CRIME SECTION

DATE (MM/DD/YYYY)

AGENCY 	Associated Underwriters 9412 Giles Road La Vista, NE 68128 Phone: 402.592.0900 Fax: 402.592.0962	APPLICANT (First Named Insured)	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
CODE: AGENCY CUSTOMER ID:	SUB CODE:	FOR COMPANY USE ONLY	BASIS FOR COVERAGE <input type="checkbox"/> D SCCOVERY <input type="checkbox"/> LOSS SUSTAINED				

PLAN 1

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

COVERAGE AMENDMENTS (Endorsements)

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ERISA EMPLOYEE DISHONESTY - ADDITIONAL INFORMATION (Coverage Form A)

NAME OF PLAN	PRINCIPAL ADDRESS	NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS	NUMBER OF PLAN PARTICIPANTS
IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

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:
<input type="checkbox"/> ACCOUNTANTS AND ASSTS	<input type="checkbox"/> COLLECTORS	<input type="checkbox"/> LOCKER ROOM ATTENDANTS	<input type="checkbox"/> STOCK CLERKS
<input type="checkbox"/> ADJUSTERS	<input type="checkbox"/> COMPUTER PROGRAMMERS	<input type="checkbox"/> MAITRE D'S AND ASSTS	<input type="checkbox"/> STOREKEEPERS
<input type="checkbox"/> ADMINISTRATORS AND ASSTS	<input type="checkbox"/> COMPTROLLERS AND ASSTS	<input type="checkbox"/> MANAGERS AND ASSTS	<input type="checkbox"/> STOREROOM PERSONNEL
<input type="checkbox"/> APPRAISERS AND CLERKS ACTING AS APPRAISERS	<input type="checkbox"/> CREDIT CLERKS AND MANAGERS	<input type="checkbox"/> MEDICAL DIRECTORS	<input type="checkbox"/> SUPERINTENDENTS AND ASSTS
<input type="checkbox"/> ATTORNEYS	<input type="checkbox"/> CUSTODIANS	<input type="checkbox"/> MESSENGERS, OUTS DE	<input type="checkbox"/> SUPERVISORS AND ASSTS
<input type="checkbox"/> AUDITORS AND ASSTS	<input type="checkbox"/> DELIVERY PERSONS	<input type="checkbox"/> PAYROLL DISTRIBUTORS	<input type="checkbox"/> TAXI DRIVERS
<input type="checkbox"/> BOOKKEEPERS	<input type="checkbox"/> DEMONSTRATORS	<input type="checkbox"/> PURCHASING AGENTS AND ASSTS	<input type="checkbox"/> TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES
<input type="checkbox"/> BUS DRIVERS	<input type="checkbox"/> DIETITIANS WHO ORDER FOOD	<input type="checkbox"/> RECEIVING CLERKS	<input type="checkbox"/> TIMEKEEPERS AND ASSTS
<input type="checkbox"/> BUYERS AND ASSTS	<input type="checkbox"/> DRIVERS AND DRIVERS' HELPERS	<input type="checkbox"/> REF NERY GAUGERS OF O L COMPANIES HANDLING REFINED GASOLINE AND OILS	<input type="checkbox"/> TRUCK DRIVERS
<input type="checkbox"/> CANVASSERS (Door-to-door salespeople)	<input type="checkbox"/> FOOD NSPECTORS	<input type="checkbox"/> SALESPeOPLE	<input type="checkbox"/> WAREHOUSE PERSONNEL
<input type="checkbox"/> CASHIERS AND ASSTS	<input type="checkbox"/> HEAD PHARMAC STS	<input type="checkbox"/> SECURITY PERSONNEL	<input type="checkbox"/> WINE CELLAR PERSONNEL
<input type="checkbox"/> CHAIRPERSONS	<input type="checkbox"/> NSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES	<input type="checkbox"/> SERVICE STATION ATTENDANTS	<input type="checkbox"/> WINE STEWARDS/ESSES
<input type="checkbox"/> CHEFS WHO ORDER FOOD	<input type="checkbox"/> JANITORS	<input type="checkbox"/> SHIPP NG CLERKS	<input type="checkbox"/> ALL OTHER OFFICERS AND EMPLOYEES NOT L STED ABOVE
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:

CONTROLS (Coverage Form A)

A U D I T	1. IS THERE AN AUDIT BY? <input type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER:	B A N K I N G / O T H E R	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 CONTROLS?		
	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"/> OWNER <input type="checkbox"/> PARTNERS <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	CHECKS FOR DEPOSIT	CHECKS FOR ACCOUNTS PAYABLE	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	DOES PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS? YES NO	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			# WATCH PERSONS	
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/> PARTIAL <input type="checkbox"/> COMPLETE	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		<input type="checkbox"/> RPT/CENT ST <input type="checkbox"/> CLOCK HRLY <input type="checkbox"/> DON'T SIGNAL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CENTRAL STATION							
<input type="checkbox"/> SAFE	<input type="checkbox"/> POLICE CONNECT							
	<input type="checkbox"/> WITH KEYS							
CERTIFICATE NUMBER			ACCESSIBLE OPENINGS & PROTECTION			OTHER PROTECTION (Fences, Floodlights, etc)		
EXPIRATION DATE:								

AUDIT PROCEDURES - SAA COMMERCIAL CRIME POLICY

1. AUDIT BY CPA, PUBLIC ACCOUNTANT OR EQUIVALENT, NDEPENDENT OF YOUR ORGANIZATION? <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> NONE	YES NO	5. IS THE AUDIT REPORT RENDERED DIRECTLY TO THE PROPRIETOR, PARTNERS IF A PARTNERSHIP OR BOARD OF DIRECTORS IF A CORPORATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	YES NO
2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT		6. DATE OF COMPLETION OF LAST AUDIT OF: CASH & ACCOUNTS _____ NVENTORY _____	
3. ALL LOCATIONS AUDITED?		7. WERE ANY D SCREPARNCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? IF "YES", SUBMIT A COPY OF THE AUDIT AND AUDITOR'S COMMENTS.	
4. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? IF NO, EXPLAIN SCOPE OF AUDIT.		8. IS THERE AN INTERNAL AUDIT BY AN NTERNAL AUDIT DEPARTMENT UNDER THE CONTROL OF AN EMPLOYEE WHO IS A PUBLIC ACCOUNTANT OR EQUIVALENT. IF "YES", ARE THE REPORTS RENDERED DIRECTLY TO THE PROPRIETOR, PARTNERS IF A PARTNERSHIP OR BOARD OF DIRECTORS IF A CORPORATION?	

INTERNAL CONTROLS OTHER THAN AUDIT PROCEDURES - SAA COMMERCIAL

EXPLAIN ALL "NO" RESPONSES IN REMARKS	YES NO	EXPLAIN ALL "NO" RESPONSES IN REMARKS	YES NO
1. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW?		3. ARE SECURITIES SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES?	
2. IS COUNTERSIGNATURE OF CHECKS REQUIRED?			

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY:SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).