

EMPLOYEE THEFT & FUNDS TRANSFER COVERAGE APPLICATION AND PRICING INDICATIONS

- **Funds transfer fraud coverage** Provides insurance if a financial institution transfers money or securities based on fraudulent documentation purported to have been sent by your organization.
- **Employee theft coverage** Provides insurance for losses of money or securities that have been embezzled by an employee through acts of theft or forgery. Extra limits to supplement package policy.
- **Computer Fraud coverage** Provides insurance for losses of money, securities or property resulting from a computer violation.

Note: All FL Policies will incur a 1% Surcharge (based on premium)

1.	Applicant (Company) Name:Owner/Operator Name:		
2.	Office Address Of Applicant:		
	City: State: Zip Code:		
	Telephone: Email Address:		
3.	Actual Store Count:		
4.	State of incorporation: Date established:		
		(Circle	e One)
5.	. Does the Applicant have any subsidiaries for which coverage is requested?	Yes	No
	If "Yes", please attach a list of these entities and indicate nature of business for each.		
6.	Please complete the following information for the most recent fiscal year:		
	Est. Total # of Employees: Est. Annual Revenues:		
7.	Has the Applicant given notice of any claim, circumstance or potential claim to any		
	insurer under any of the coverages to which this application relates?	Yes	No
	If "Yes," please attach a full explanation of each claim, circumstance or potential claim.		
8.	. Has there been an employee theft, forgery, computer fraud or other crime loss disco	overed by	
	the Applicant in the last 5 years.	Yes	No
	If "Yes," please attach a full explanation of each claim, circumstance or potential cla	im.	
9.	Does the Applicant allow the employees who reconcile the monthly bank statements to also		
	sign checks or handle deposits?	Yes	No
	If "Yes," please explain:		
	Signature of Applicant's Authorized Representative (Principal, CEO, President, or CFO)		
	Date: Name: Signature:	Title:	