

**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.

1. **Applicant** (Company) Name: \_\_\_\_\_  
Owner/Operator Name: \_\_\_\_\_

2. **Office Address Of Applicant:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Please Indicate your selected Coverage/Option level based on the indicated pricing below:  
Indicated Pricing Based on Store Count of: \_\_\_\_\_ Actual Store Count: \_\_\_\_\_ Selected Option #: \_\_\_\_\_

OPTION 1			OPTION 2			OPTION 3		
*Premium	Coverage	Deductible	*Premium	Coverage	Deductible	*Premium	Coverage	Deductible

\*Plus any applicable state surcharges

4. State of incorporation: \_\_\_\_\_ Date established: \_\_\_\_\_

**(Circle 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 discovered by the **Applicant** in the last 5 years. Yes No

If "Yes," please attach a full explanation of each claim, circumstance or potential claim.

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: \_\_\_\_\_