

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: _____