



ZURICH

ZURICH AMERICAN INSURANCE COMPANY CRIME POLICY APPLICATION

Named insured including any benefit plans to be covered:

Full address:

COVERAGE DESIRED

Coverage Forms	Limit	Deductible
Form A - Employee Dishonesty		
Form B - Forgery or Alteration		
Form C - Theft, Disappearance, Destruction		
Form D - Robbery & Safe Burglary		
Form F - Computer Fraud/Wire Transfer		
Other:		

OTHER COVERAGE/DEDUCTIBLE OPTIONS

	Limit	Deductible
Option #1		
Option #2		
Option #3		

Premium Payment Option:

Three Year Prepaid _____ Three Year Installment _____

Organization:

- Nature of your business _____
- Date you were established _____
- Employee Count _____
Domestic _____
Foreign _____
Total _____
- Annual Revenue / Fiscal Year End _____ / _____
- Net Profit/Loss _____

Audit Procedures:

- Is there an Audit by an Independent CPA? _____
If Yes, how often? _____
If No, please explain _____
- Have the inventory audits of the last three years revealed any major shortages? _____
If yes, please explain _____

Internal Controls:

- Are bank accounts reconciled by someone not authorized to deposit or withdraw funds? _____
If No, please explain _____

- Is countersignature of checks required? _____
If No, please explain _____

Experience:

- Has any insurance been declined or canceled during the past three years? _____
If Yes, please explain _____

- List all losses sustained during the past three years whether reimbursed or not?
(If no losses, state "None") _____

Current Coverage

	Limit	Deductible
Form A - Employee Dishonesty		
Form B - Forgery or Alteration		
Form C - Theft, Disappearance, Destruction		
Form D - Robbery & Safe Burglary		
Form F - Computer Fraud/Wire Transfer		
Other:		

- Name of Carrier _____
- Annual Premium _____
- Expiration Date _____

Dated at _____ this _____ day of _____ 19_____

 (Print Insured Name) By _____
 (Print Name and Title Below)

**If you want to learn more about the compensation Zurich pays agents and brokers visit:
<http://www.zurichproducercompensation.com> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.**