

1. Maneuver through the application utilizing the tab key or your cursor. A blank page, after the Signature section, has been included with this application to capture any of your responses if you need additional space. 2. Please save or print the document for your records, then forward with all required supporting materials to your insurance representative for a quote. To bind coverage simply print the Signature Page, have it signed and dated by the President or CEO and mail or fax to your insurance representative. If you encounter problems completing the application or need to clarify what information must be submitted with the application, please contact your insurance representative. If you are an agent or broker, please contact your local St Paul Travelers Executive Liability representative.

**Begin**

**Applicant Information:**

Name of **Applicant**:  
 Street Address:  
 City, State, Zip:  
 Website Address:

Description of **Applicant's** operations:

Year **Applicant's** business was established:

What is the **Applicant's** annual revenue? \$ \_\_\_\_\_

Does the **Applicant** now have tax exempt status under the United States Internal Revenue Code? Yes  No

Is the **Applicant** a subsidiary of a foreign parent? Yes  No

Does the **Applicant** currently file, or do they anticipate in the next 6 months filing, any documents with the Securities and Exchange Commission, or similar foreign authority regarding any equity or debt securities? Yes  No

Subsidiary Information and 50% or more owned joint ventures under management control:

Name	% Owned	Year Started	Description of Operations	Entity Type*
	%			
	%			
	%			

\*Entity Types: FP = For-Profit (other than Partnership) NP = Non-Profit GP = General Partnership LP = Limited Partnership LLC = Limited Liability Company To enter more information, please attach a separate page or an organization chart

Locations of **Applicants** and Number of Employees\* for Each:

State or Foreign Country	# of Locations	Full Time Employees		Part Time Employees	
		As of Date of Application	12 Months Ago	As of Date of Application	12 Months Ago

**\*Employees include Leased, Temporary, and Seasonal  
 To enter more information, please attach a separate page to the application**

Please indicate the maximum exposure for each location:

Locations	Cash	Retail Checks	Credit Card Receipts & Non-Retail Checks
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

**To enter more information, please attach a separate page to the application**

## FINANCIAL INFORMATION

**Note:** Omit this section if the Applicant is required to submit a separate financial statement as directed in the Required Attachments section.

Please indicate the following as it relates to the Applicant's fiscal year end (FYE): <i>(please indicate negative figures with "(" or "-"; as appropriate)</i>	Most Recent FYE (Month/Year)	Prior FYE (Month/Year)
1. Current Assets		
2. Total Assets		
3. Current Liabilities		
4. Long Term Debt		
5. Retained Earnings/Fund Balance (Accumulated Deficit/Fund Deficit)		
6. Net Equity/Net Assets (Deficit Equity)		
7. Revenues		
8. Net Income (Net Loss)		
9. Is the <b>Applicant</b> currently, or has it been in the past 24 months, in violation or has it amended any debt covenant? <b>If "Yes", please attach an explanation</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>

## AUDITOR INFORMATION

- Scope of CPA Financial Statement preparation: Internal  Compilation  Review  Audit  None
1. Has the **Applicant** changed outside auditors in the last three (3) years?  
**If "Yes", please attach an explanation** Yes  No  N/A
  2. Have the outside auditors stated there are material weaknesses in the **Applicant's** systems of internal controls? **If "Yes", please attach an explanation and provide the latest CPA letter to management and management's response** Yes  No  N/A
  3. Has the **Applicant** implemented all material recommendations of the auditor?  
**If "No", please attach an explanation** Yes  No  N/A
  4. Has any auditor issued a "going concern" opinion for the **Applicant** or any of its subsidiaries financial statements during the past three (3) years?  
**If "Yes", please attach an explanation** Yes  No  N/A

## INTERNAL CONTROLS

1. Are owners active in the day to day oversight of business operations? Yes  No
2. Does someone other than the person responsible for reconciling bank accounts:  
 Make Deposits? Yes  No     Make Withdrawals? Yes  No     Sign Checks? Yes  No
3. Is countersignature of checks required? Yes  No     If Yes, what is the dual signing limit? \$ \_\_\_\_\_
4. Is segregation of duties practiced in the following areas:
 

Inventory management?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cash receipts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vendor approval?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Oversight of blank check stock?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Purchase order approval and payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Retail checks and credit card receipts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wire transfer receipts and payments	Yes <input type="checkbox"/> No <input type="checkbox"/>		
5. Are all incoming checks stamped "for deposit only" immediately upon receipt? Yes  No
6. Is a physical count of inventory conducted at least annually? Yes  No
7. Are inventory records computerized? Yes  No
8. Are the duties of computer programmers and operators separated? Yes  No
9. Is dual authorization required for all wire transfers? Yes  No  N/A
10. Do you perform any of the following on candidates for new employment:
 

Verification of Prior Employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Credit History?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Drug Testing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Criminal History?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Education Verification?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

11. Please indicate if you have or perform any of the following:

**Business Practices/Policies:**

- Formal written business plan?  Code of Ethics?
- Fraud Policy?  Conflict of Interest Policy?
- Confidential hotline or procedure for employees to report violations in your policies?

**Physical Controls:**

- Guards/Watchmen  Premises Alarm Systems
- Messengers  Controlled Premises Access
- Other protection

**UNIQUE/SIGNIFICANT EXPOSURES**

Please indicate any of the following characteristics or exposures that apply to your business operations:

- Precious Metals or Gemstones  Proprietary credit cards  Care, custody and control of clients' property
- High Unit, Portable Inventory  Employee credit cards  Active participation in more than one industry
- Managed Assets of Others  Computer chips  Art collection or other valuable collectibles
- Proprietary Trading Activity  Warehousing operations  None applicable
- Joint Ventures  Narcotics

*If you checked any of the characteristics or exposures above, please provide details that quantify the exposure and briefly describe the controls in place to protect you from loss in a separate attachment*

**COVERAGE INFORMATION**

Desired Crime Coverage	Expiring Limit	Expiring Retention	Requested Limit	Requested Retention
Fidelity: Employee Theft				
Fidelity: ERISA Fidelity				
Fidelity: Employee Theft of Client Property				
Forgery or Alteration				
On Premises (Money, Securities and Other Property)				
In Transit (Money, Securities and Other Property)				
Money Orders and Counterfeit Money				
Computer Crime				
Funds Transfer Fraud				
Personal Accounts Protection				
Claim Expense				

Expiring Insurer: \_\_\_\_\_ Expiring Premium: \$ \_\_\_\_\_

**LOSS INFORMATION**

Has the **Applicant** sustained any Crime-related losses during the past three years?

**If "Yes", please complete the table below**

Yes  No

*To the extent that any loss which could be covered by this policy was "Discovered", as defined in this policy, prior to the policy period requested hereunder, such loss is excluded from coverage under this policy.*

Date of Loss	Amount of Loss	Description of Loss	Corrective Procedures Implemented
	\$		
	\$		

**REQUIRED ATTACHMENTS**

As part of this Application, submit the following documents with respect to the **Applicant**:

- Most recent annual financial statement, for limit requests of \$5,000,000 or greater
- CPA Management Letter, if prepared, for limit requests of \$5,000,000 or greater
- If coverage for Employee Theft of Client Property (Third Party Crime) is requested, submit Third Party Crime Supplemental Questionnaire.

**SIGNATURE SECTION**

**THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED IN CONNECTION WITH THE APPLICATION PROCESS, IN ISSUING THE POLICY.**

**ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.**

*Attention: Insureds in AR, CO, DC, FL, KY, LA, ME, NJ, NM, NY, OH, OK, PA, TN, and VA*

Any person who knowingly and with intent to defraud any insurance company or other 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 may also be subject to a civil penalty.

*(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)*

*(In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.)*

*(In Pennsylvania, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information or concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.)*

*(In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.)*

Signature of **Applicant's** Authorized Representative (President or CEO) \_\_\_\_\_ Title: \_\_\_\_\_

Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

## ADDITIONAL INFORMATION

*This page may be used to provide additional information to any question on this application. Please identify the Section and Question Number (e.g., Financial Information, #9).*

## IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.