

Travelers Casualty and Surety Company of America

This Application will only be accepted for Privately held commercial companies and Non-Profit organizations purchasing a Commercial Crime insurance policy with a Limit of Insurance of \$250,000 or less. This Application will not be accepted for Public Companies, Government Entities or Financial Institutions.

Applicant means all corporations, organizations or other entities, including subsidiaries and Employee Benefit Plans subject to ERISA, that are proposed for this insurance in GENERAL INFORMATION.

GENERAL INFORMATION

Name of Applicant:	Year business was established:
Mailing Address:	
Telephone Number:	Web Address:
Description of Operations:	
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):

1. Does the **Applicant** request additional entities (e.g., affiliates, partnerships, joint ventures) be included as Insureds for coverage?..... Yes No
If yes, attach a list and a description of each entity. Receipt of this information does not constitute an agreement that coverage will be provided to the listed entities.

2. Total number of **Applicant**: Employees*: _____ Locations: _____
**Employee count should include full time and part time employees (including leased, seasonal and temporary).*

3. Total number of volunteers: _____

4. Indicate the total amount of specified property *INSIDE* the premises and being transported by a messenger *OUTSIDE* the premises for all locations combined:

Specified Property	Inside Premises	Outside Premises
Cash	\$	\$
Retail Checks**	\$	\$

** *Retail Checks are only those checks that are accepted as immediate payment for retail products or services.*

5. For your most recent fiscal year end (___/___/___) complete the following financial information:
 \$ _____ Total Assets \$ _____ Total Revenues

INTERNAL CONTROLS / DISBURSEMENT CONTROLS INFORMATION

1. Are bank accounts reconciled monthly?..... Yes No
If yes, by someone other than the person responsible for:
 - a. making deposits? Yes No
 - b. making withdrawals? Yes No
 - c. signing checks? Yes No
2. Are procedures in place to verify the receipt of inventory, supplies, goods or services against an invoice prior to making payment to a vendor?..... Yes No

3. Is countersignature of checks required? Yes No
 Dual Signing Limit: \$_____
4. Are disbursement controls segregated so that no one employee can control a process from beginning to end (e.g., request a check, approve a voucher, sign a check)? Yes No
5. Is a physical count of inventory conducted at least annually and reconciled with current records? Yes No
6. Does **Applicant** have custody or control over any funds, accounts or materials of any of its clients? Yes No

REQUESTED INSURANCE TERMS INFORMATION

Commercial Crime Insuring Agreements	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	\$	\$

*If coverage for Employee Theft of Client Property is requested, submit separate Third Party Crime Application

LOSS INFORMATION

1. Has the **Applicant** or any proposed insured sustained any crime-related losses in the past 3 years? Yes No
If yes, please attach a full explanation of the loss including date, description, status of the loss, amount of the loss, and procedures implemented to avoid further losses.

COMPENSATION NOTICE

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

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, Agency Compensation, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with this application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD WARNINGS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. 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.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND 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 concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND 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.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURES

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PARTNER, PRINCIPAL OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

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 AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

REPRODUCED SIGNATURES, INCLUDING PHOTOCOPIES, WILL BE TREATED AS ORIGINAL.

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: X	Authorized Representative Name - Printed	Date (mm/dd/yyyy):
Producer Signature*: X	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer