TRAVELERS

Travelers Casualty and Surety Company of America **Commercial Crime Coverage Application**

IMPORTANT INSTRUCTIONS

This Application will only be accepted for private companies, publicly traded companies, and non-profit organizations.

If the Applicant is a government entity, complete the Government Entity Crime Coverage Application. If the Applicant is a community association, complete the Commercial Crime Coverage Community Association Management Application.

GENERAL INFORMATION

Name of Applicant:

Street Address:

City:	State:	Zip:
Primary Contact Name and Title:	Telephone Number:	
Email Address:	Applicant Website:	

Organization Type:				NAICS Code:
☐ Private	☐ Publicly Traded	☐ Financial Institution	☐ Non-Profit	

Total revenue as of most recent fiscal year-end:
$

ORGANIZATION INFORMATION

1. Does the Applicant have ownership interest of 50% or more in any entity or have management control over any entity for which coverage is desired? ☐ Yes ☐ No

   If Yes, complete the following:

Name	% Owned by Applicant	NAICS Code (if different from the above)
	%	
	%	
	%	

To enter more information, attach a separate page to the Application.

*Under the Commercial Crime policy, affiliates and joint ventures, other than Subsidiaries as defined in the policy, are **not** covered unless the Company has agreed to specifically schedule such entities by endorsement.*

EMPLOYEE AND LOCATION INFORMATION

Include information for the Applicant and all Subsidiaries.

2. Total full-time and part-time employees (include all foreign, leased, seasonal, and temporary employees):

3. Total foreign employees (include all full-time, part-time, leased, seasonal, and temporary employees):

Country	Number of Employees	Number of Locations

To enter more information, attach a separate page to the Application.

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4. Total volunteers (only if Applicant is a non-profit organization): _____ ☐ N/A

5. Total number of locations (include all locations worldwide): _____

INTERNAL CONTROL INFORMATION

6. Are bank accounts reconciled monthly by someone other than the person responsible for making deposits, withdrawals, or signing checks? ☐ Yes ☐ No

7. Is a physical count of inventory conducted at least annually and reconciled with current records? ☐ Yes ☐ No ☐ N/A

8. Are disbursement processes segregated so that one person cannot control a process from beginning to end, including electronic transfers, check issuance, and payroll? ☐ Yes ☐ No

9. Does the Applicant have employee expense submission or credit card statement review and validation procedures? ☐ Yes ☐ No ☐ N/A

10. Does the Applicant:
    a. Have an established vendor list? ☐ Yes ☐ No
       If Yes, are there procedures in place for changes and additions to the vendor list? ☐ Yes ☐ No ☐ N/A
    b. Verify the receipt of inventory, supplies, goods, or services against an invoice before making payment to a vendor? ☐ Yes ☐ No
    c. Verify all new client and vendor bank account payment information? ☐ Yes ☐ No

Answer the following if the Applicant is requesting an Employee Theft Limit greater than $250,000.

11. How are the Applicant's financial statements prepared?
    ☐ Internally prepared ☐ Outside CPA Review or Compilation ☐ Outside CPA Audit ☐ Not prepared

12. Does the Applicant have an internal audit department? ☐ Yes ☐ No
    If Yes, provide the number of audit department employees: _____

13. Have outside auditors stated that there are material weaknesses in the Applicant's system of internal controls? ☐ Yes ☐ No ☐ N/A
    If Yes, attach an explanation and provide the latest CPA letter to management and management's response.

Answer the following if the Applicant is requesting a Social Engineering Fraud Limit greater than $100,000.

14. Does the Applicant confirm all payee account set-up and change requests by a direct call to the payee using a pre-determined telephone number (i.e., a number from a confirmed source provided prior to the request)? ☐ Yes ☐ No ☐ N/A

15. Does the Applicant require a telephone call or face-to-face meeting to verify the authenticity of any payment or funds transfer request made by an internal company source or subsidiary? ☐ Yes ☐ No ☐ N/A

Answer the following if the Applicant is requesting an Employee Theft of Client Property Limit greater than $1,000,000.

16. If the Applicant's employees perform services on a client's premises, are they supervised directly by the client or Applicant while on those premises? ☐ Yes ☐ No ☐ N/A

Answer the following for all Applicants.

17. Are the internal controls listed above in place at all locations and for all insured entities? ☐ Yes ☐ No
    If No, attach an explanation.

UNIQUE OR SIGNIFICANT EXPOSURE INFORMATION

18. Do the following characteristics or exposures apply to the Applicant's business operations?
    a. Precious metals or gemstones ☐ Yes ☐ No
    b. Scrap metal ☐ Yes ☐ No
    c. Warehousing operations ☐ Yes ☐ No
    d. Art collection(s) or other valuable collectibles ☐ Yes ☐ No
    e. Funds held in escrow for customers ☐ Yes ☐ No

If Yes to any of the above, provide details about the exposure(s) in a separate attachment to the Application.

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REQUESTED INSURANCE TERMS

19. Effective date requested:

Requested Crime Coverage	Requested Limit	Requested Retention
Fidelity: Employee Theft	$	$
Fidelity: ERISA Fidelity	$	$0
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 Fraud	$	$
Computer Program and Electronic Data Restoration	$	$
Funds Transfer Fraud	$	$
Personal Accounts Forgery or Alteration	$	$
Identity Fraud Expense Reimbursement	$	$0
Claim Expense	$	$0
Social Engineering Fraud	$	$
Telecommunication Fraud	$	$

LOSS INFORMATION

20. In the past 3 years, has the Applicant or any proposed insured sustained any crime-related losses? ☐ Yes ☐ No

If Yes, see below for required attachment.

REQUIRED ATTACHMENTS

As part of this Application, provide copies of the documents listed below. Such documents are made a part of this Application, and the Company may elect to obtain requested information from public sources, including the internet.

- Most recent year-end financial statement, if limits requested are $5,000,000 or greater.
- CPA Management Letter, if prepared, as well as management's response, if limits requested are $5,000,000 or greater.
- Loss information, if Applicant has had any claims in the past 3 years. Include date, nature of claim, amount paid, and status (open or closed).
- Employee Theft of Client Property Supplemental Application, if limits requested are $3,000,000 or greater.
- Social Engineering Fraud Supplemental Application, if limits requested are $250,000 or greater.

ORGANIZATIONS NOT ELIGIBLE FOR COVERAGE

Coverage will not be considered for companies involved in whole or in part in paramilitary operations, pornography, adult entertainment, escort services, prostitution, or the manufacturing, distribution, or sale of marijuana.

NOTICE REGARDING COMPENSATION

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.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

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.

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CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will 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 to defraud 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 intending to defraud 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, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than $5,000 and not over $10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

SIGNATURES

The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in North Carolina, may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided. Except in North Carolina and Utah, this Application, including any requested or submitted information, will be deemed attached to and form a part of any policy issued.

☐ Electronic Signature and Acceptance – Authorized Representative*

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature: **X**	Authorized Representative Name and Title:	Date *(month/dd/yyyy)*:
Producer Name (required in FL & IA): **X**	State Producer License No (required in FL):	Date *(month/dd/yyyy)*:
Agency:		Agency Phone Number:

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