

CRIME/EMPLOYEE DISHONESTY QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

GENERAL QUESTIONS

1. Do you have an audited financial statement prepared annually? Yes No
2. Are internal financial statements prepared? Yes No
 - a. If yes, how often are they reviewed by the owner? _____
3. Describe your "Separation of Duties" and "Countersignature" procedures:

4. Indicate the number of employees who handle, have custody or maintain records of money, securities, or other property. _____
5. Are officer-shareholders active in the day-to-day oversight of business operations? Yes No
6. Do employees who reconcile the bank also:
 - a. Make deposits? Yes No
 - b. Make withdrawals? Yes No
 - c. Sign Checks? Yes No
7. Is countersignature of checks required? Yes No
 If yes, what is the dual signing limit? \$ _____
8. Is segregation of duties practiced in the following areas:
 - a. Inventory management? Yes No
 - b. Wire transfer receipts and payments? Yes No
 - c. Vendor approval? Yes No
 - d. Oversight of blank check stock? Yes No
 - e. Payroll? Yes No
 - f. Retail checks and credit card receipts? Yes No
 - g. Cash receipts? Yes No
9. Are all incoming checks stamped "for deposit only" immediately upon receipt? Yes No
10. Are inventory records computerized? Yes No
11. Is a physical count of inventory conducted at least annually? Yes No
12. Are the duties of computer programmers and operators separated? Yes No
13. Are computer passwords changed frequently? Yes No
14. For new employees, do you perform any of the following types of background checks:
 - a. Prior employment? Yes No
 - b. Education? Yes No
 - c. Criminal history? Yes No
 - d. Drug testing? Yes No
 - e. Credit history? Yes No
15. Are the controls indicated in 5 -14 above imposed at all locations? Yes No
 If no, please explain exceptions: _____



Capitol Indemnity Corporation
 Capitol Specialty Insurance Corporation
 Platte River Insurance Company

16. List all Crime/Fidelity Losses in the last three years:

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address