

BDH ASSOCIATES, INC.
4572 Lawrenceville Hwy., Suite 201
Lilburn, GA 30047
(770) 564-2999 or Toll Free (888) 328-0500
Fax: (770) 564-9327

**COMMERCIAL CRIME – EMPLOYEE DISHONESTY BOND
REQUIREMENT**

**ANNUAL PREMIUM: VARIES BASED ON APPLICATION
INFORMATION**

In order to apply for the above bond, please submit the following information:

1. Crime Policy Bond Application (Form Attached)
2. Corporate Financial Statement if Bond Amount is \$1,000,000 or more
3. Rate is based on Employee Count, Internal Controls and Risk of Business

Please fax all information above to Rena Moss in our office for review.

If you have any questions, please feel free to contact our office.

HARTFORD

- Some of the Companies named below are not licensed in every state.
- Hartford Fire Insurance Company
 - Hartford Casualty Insurance Company
 - Twin City Fire Insurance Company
 - Hartford Insurance Company of Illinois
 - Hartford Insurance Company of the Midwest
 - Hartford Insurance Company of the Southeast

Hartford Plaza, Hartford, Connecticut 06115

(Designate Company by placing X in box, hereinafter called Company)
(Type Company Name if necessary)

CRIME POLICY APPLICATION — SEPARATE LIMITS COVERAGE PLAN

Application is hereby made by _____
(Exact Name of Insured)

Principal Address _____
(No.) (Street) (City) (State) (Zip)

for a Crime Policy with:

SEPARATE LIMITS OPTION

Coverage Forms	Limit of Insurance	Deductible Amount
A. Employee Dishonesty — Blanket	\$	\$
B. Forgery or Alteration	\$	\$
C. Theft Disappearance and Destruction		
Section 1	\$	\$
Section 2	\$	\$
D. Robbery and Safe Burglary		
Section 1	\$	\$
Section 2	\$	\$
Other	\$	\$

to become effective or to be continued as of 12:01 a.m. on _____
(Date)

Premium payable: Annual Three year prepaid Three year in equal annual installments
 Other _____
(Explain)

Are you a Proprietorship Partnership Corporation Date you were established _____

1. DESCRIPTION OF YOUR ORGANIZATION:

- a. Classify your predominant activity: Manufacturer Processor
 Wholesaler Distributor Retailer Servicer Other (explain) _____
- b. Describe the products or services or your predominant business or activity _____

2. AUDIT PROCEDURES:

- (a) Is there an audit by an independent CPA, public accountant or equivalent? Yes No
- (b) If "Yes", how often: Quarterly Semi-Annual Annual
- (c) Are all locations audited? Yes No
- (d) Is the audit made in accordance with generally accepted auditing standards and so certified? Yes No
- (e) If "No", explain the scope of the audit _____
- (f) Is the audit report rendered directly to the proprietor, partners if a partnership or Board of Directors if a corporation? Yes No
- (g) Name and address of person or firm performing audit _____

(h) Date of completion of last audit of _____
Cash and Accounts Inventory

- (i) Is there an internal audit by an Internal Audit Department under the control of an employee who is a public accountant or equivalent? Yes No
- (j) If "Yes", are the reports rendered directly to the proprietor, partners if a partnership, or Board of Directors if a corporation?..... Yes No
3. INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):
- (a) Are bank accounts reconciled by someone not authorized to deposit or withdraw from?..... Yes No
- (b) Is countersignature of checks required?..... Yes No
- (c) Are securities subject to joint control of two or more responsible employees?..... Yes No
4. Has there been any change in ownership or management within the past three years? Yes No
If "Yes", explain _____
5. Has any insurance been declined or cancelled during the last three years? Yes No
If "Yes", explain _____

6. List all losses sustained during the past three years, whether reimbursed or not, from _____ to _____
(month, day, year) (month, day, year)

Date of Loss	Amount of Loss	Amount Recovered from Insurance	Amount of Loss Pending	Amount Recovered from other than Insurance	Type of Loss	If Loss occurred at other than Head Office, state location
	\$	\$	\$	\$		

7. Describe corrective action taken on each loss. If Employee Dishonesty, state position.
8. Name of prior carrier _____ Check if none

9. RATING DATA FOR COVERAGE FORM A — EMPLOYEE DISHONESTY — BLANKET:

- (a) Total number of employees _____
- EMPLOYEE CLASSIFICATION TABLE**
- (b) All officers, all employees, including entities construed to be employees by endorsement (other than agents and partners), who handle, have custody or maintain records of money, securities or other property, including in any event those holding any position listed below:

No. of	No. of	No. of
_____ Accountants and Ass't Accountants	_____ Deliverymen	_____ Receiving Clerks
_____ Adjuster	_____ Demonstrators	_____ Refinery Gaugers, of Oil Companies handling refined gasoline and oils
_____ Administrators and Ass't Administrators	_____ Detectives	_____ Salesmen
_____ Appraisers and Clerks acting as Appraisers	_____ Dieticians who order food	_____ Service Station Attendants
_____ Attorneys	_____ Drivers and Driver's Helpers	_____ Shipping Clerks
_____ Auditors and Ass't Auditors	_____ Floor Walkers	_____ Stewards, who order food
_____ Beverage Checkers	_____ Food Checkers and Inspectors	_____ Stock Clerks
_____ Bookkeepers	_____ Head Pharmacists	_____ Storekeepers Storeroom Men
_____ Bursars and Ass't Bursars	_____ Instructors having custody of money or securities	_____ Superintendents and Ass't Superintendents
_____ Bus Drivers	_____ Janitors	_____ Supervisors and Ass't Supervisors
_____ Buyers and Ass't Buyers	_____ Ledger Keepers	_____ Taxi Drivers
_____ Canvassers (door-to-door Salesmen)	_____ Locker Room Men	_____ Teachers, having custody of money or securities
_____ Cashiers and Ass't Cashiers	_____ Maitre d's and Ass't Maitre d's	_____ Timekeepers and Ass't Timekeepers
_____ Chairmen	_____ Managers and Ass't Managers	_____ Truck Drivers
_____ Checkers	_____ Medical Directors	_____ Warehousemen
_____ Chauffeurs	_____ Messengers, outside	_____ Watchmen
_____ Chefs, who order food	_____ Meter Readers, who collect	_____ Wine Cellar Men
_____ Collectors	_____ Officers	_____ Wine Stewards
_____ Computer Programmers	_____ Paymasters and Ass't Paymasters	_____ ALL OTHERS
_____ Comptrollers and Ass't Comptrollers	_____ Professors, having custody of money or securities	
_____ Credit Clerks and Managers	_____ Purchasing Agents and Ass't Purchasing Agents	
_____ Custodians		

- (c) Additional locations other than the head office _____
 (For manufacturers, processors, wholesalers or distributors show only retail locations other than the head office.)
- (d) If coverage is desired on your appointed or elected agents, whether they be persons, partnership or corporations performing any act or service in connection with the ordinary conduct of your business, complete the following:

<u>Name and Location</u>	<u>Amount</u>
	\$

- (e) If coverage is desired on your partners, complete the following:

<u>Name and Location</u>	<u>Name and Location</u>
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- (f) If excess employee dishonesty coverage for specified employees is desired, complete the following:

<u>Name Schedule Coverage</u>		<u>Position Schedule Coverage</u>		
<u>Excess Limit of Insurance on Each</u>	<u>Names of Employees</u>	<u>Title of Positions</u>	<u>No. of Empls.</u>	<u>Location</u>

- (g) If blanket excess limits of insurance are desired on any of your Joint Insureds or on any employees performing the duties of a position shown below, complete the following:

<u>Blanket Excess Limit of Insurance</u>	<u>Insured</u>	<u>Position</u>
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- (h) Deductibles

1. If a deductible is desired on all employees in **all positions**, show amount \$ _____
2. If a deductible is desired only on employees in **specific positions**, complete the following: (Note: Deductibles may be selected in an amount of \$1,000 or less.)

<u>No. of Employees</u>	<u>Position</u>	<u>No. of Employees</u>	<u>Position</u>
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10. RATING DATA FOR COVERAGE FORM B – FORGERY OR ALTERATION:

- (a) Complete the following if coverage is desired on:

<u>Coverage</u>	<u>Amount</u>
1. Credit or charge cards issued to you or any employee for business purposes	\$ _____

- (b) If coverage is desired on the personal accounts of your officers or partners, complete the following:

<u>Name</u>	<u>Amount</u>
	\$

- (c) Deductibles:

If a deductible is desired, show amount \$ _____

COMPLETE SUPPLEMENTAL APPLICATION FOR EACH LOCATION IF MORE THAN 2.

11. Complete for Coverage Forms C and Q

Type of Exposure	Location No. 1 (Address)			Location No. 2 (Address)		
	Maximum In-side Premises	Maximum Outside Premises		Maximum In-side Premises	Maximum Outside Premises	
		Messenger #1	Messenger #2		Messenger #1	Messenger #2
Money	\$	\$	\$	\$	\$	\$
Securities (Including Checks From Retail Sales)	\$	\$	\$	\$	\$	\$
Checks Other Than From Retail Sales	\$	\$	\$	\$	\$	\$
Payroll Checks	\$	\$	\$	\$	\$	\$
Securities in Bank or Other Places of Deposit	\$	\$	\$	\$	\$	\$

(a) Loc No.	Checks stamped for Deposit Only		Night Depository Used		Frequency of Deposits	Amount of Money and Securities Remaining on Premises Overnight
1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

12. Complete for Coverage Forms C, D and Q. Also Complete 12a. for Section 2 of Coverage Form H.

(1) Safe/Vault Classification

Loc No.	Label			If no label, show the manufacturer's name and the serial number of the safe or vault	Thickness		Door Type		If combination lock on door
	U.L.	SMNA GRP.	SPEC.		Wall	Door exclusive of bolt work	Round	Square	
1							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. Messenger Protection

	Location No. 1				Location No. 2			
	Messenger No. 1	Messenger No. 2	Messenger No. 1	Messenger No. 2	Messenger No. 1	Messenger No. 2	Messenger No. 1	Messenger No. 2
Number of Guards Accompanying Messenger								
Private Conveyance Used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Armored Motor Vehicle Used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

b. No. of employees on duty when open Loc. No. 1 _____ Loc. No. 2 _____

13. Alarm Protection — complete for Coverage Forms C, D, E, H (Sec. I.) and Q

Loc. No.	Type			Grade	Extent of Protection			Connected with			If Central Station has Keys	
	Safe/Vault	Premises	Hold up		Safe/Vault		Premises	Central Station	Police Station	Outside Gong/Bell		
					Complete	Partial						1
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

U. L. Certificate No. and Expiration Date	Loc. #1	Name of Installer	Loc. #1
			Loc. #2

14. Complete for Coverage Forms D, E, and H (Sec. I.)

Loc. No.	Description of Property	Maximum Value	Amount of Exposure	✓ If all accessible openings secured	No. of Watchpersons	Signal hourly to Central Station	Register Hourly on Clock	Do not Signal or Register
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Complete for Coverage Form F

Annual gross sales or receipts for latest fiscal year: \$ _____

16. The present officers, employees, agents and partners of the Insured, of whom a complete list at this time, with positions held, is given above, have to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Insured indicated that any of the said officers, employees, agents and partners are dishonest. Such knowledge as any official or officer signing for the Insured may have in respect to his or her own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

OHIO INSURANCE FRAUD WARNING

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Dated at _____ this _____ day of _____, 19 _____

_____ By _____
 (Insured) (Name and Title)

Agency: _____