



COMMERCIAL CRIME POLICY APPLICATION (FIDELITY BOND APPLICATION)

- 📎 Attach a copy of Applicant's latest available financial statement (for coverage requests over US \$100,000)
- 📎 Attach a separate sheet of paper that details Applicant's current Insurance (See: Coverage History)

APPLICANT

Name of Applicant (as it is to appear on the bond)			Entity <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			
Address			City	County	State	Zip Code
SSN or Tax ID Number	Date Business Established	Phone Number	Fax Number	Email Address		
Primary Website URL		Summarize Products and Services				
Annual Revenue \$	Total Assets \$	Total Number of Employees US & Canada _____ Other Countries _____		Total Number of Locations US & Canada _____ Other Countries _____		

COVERAGE

Basics

Requested Effective Date	Name of Insurance Broker				
Address			City	State	ZIP Code

Agreements, Limits, Deductibles, and Extensions

Limit of Insurance	Deductible	Desired Insuring Agreements / Coverages	Extension for Special Positions / Exposures (Fill blanks with number of people to be covered)
\$ _____	\$ _____	Employee Theft	_____ Foreign Employees (Attach a separate list of countries with total employee counts for each)
\$ _____	\$ _____	Forgery / Alteration	_____ Partners
\$ _____	\$ _____	Inside Premises – Theft of Money and Securities	_____ Non-compensated Officers
\$ _____	\$ _____	Inside Premises – Robbery / Safe Burglary / Other Property	_____ Volunteers – Campaign Solicitors
\$ _____	\$ _____	Outside Premises	_____ Volunteers – Others
\$ _____	\$ _____	Computer Fraud	_____ Directors / Trustees (while serving on committees, performing non-directorial functions)
\$ _____	\$ _____	Funds Transfer Fraud	
\$ _____	\$ _____	Money Orders, Counterfeit Paper Currency	
\$ _____	\$ _____	Specify Additional Desired Agreements or Coverages below	
\$ _____	\$ _____	_____	
\$ _____	\$ _____	_____	
\$ _____	\$ _____	_____	

Extension for Agents (Coverage for Outside Firms and Contracted Individuals Performing Employee Functions)		
Name of Firm / Individual	Functions Performed	Coverage Amount
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Extension for Credit Card Forgery	
Limit \$ _____	Total number of employees with access to Applicant's credit or charge card information _____

Extension for Personal Accounts (for Partners and Officers)		
Name of Individual	Position	Coverage Amount
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

History

Has any Coverage of / similar to the Coverage requested in this Application been canceled by any Insurer in the last six years? (N/A to Applicants domiciled in Missouri)	If Yes , explain
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Is Applicant currently insured?	If Yes , attach a separate sheet of paper that lists Insurer, Policy Form / Coverages, Limits, Deductibles, and Expiration Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Number of Ratable Employees

Ratable Employees consist of: **a.** Directors and Trustees (while performing employee duties); **b.** Partners (if added by endorsement); **c.** Compensated Officers; **d.** Compensated Employees (and natural persons employed by an employment contractor while performing duties on behalf of the applicant) who handle, have custody, or maintain records of money, securities, or other property (including in any event all occupants of positions or equivalent positions listed below).

_____ Directors (performing employee duties)	_____ Managers & Assistant Managers	_____ Salespeople who collect
_____ Trustees (performing employee duties)	_____ Administrators	_____ Purchasing Agents & Buyers
_____ Officers	_____ Superintendents	_____ Drivers and delivery persons (who collect)
_____ Comptrollers	_____ Computer Programmers	_____ Drivers and delivery persons (who do not collect)
_____ Auditors and Accountants	_____ Data Entry	_____ Shipping & Receiving Clerks
_____ Cashiers	_____ Warehousemen	_____ Watchmen & Custodians
_____ Bookkeepers	_____ Storekeepers & Storeroom Personnel	_____ Collectors
_____ Staff Attorneys	_____ Stock Clerks	
_____ Paymasters & Timekeepers	_____ Appraisers	
_____ Other employees with significant access to money, securities, or valuable inventory	_____ Natural person independent contractors not included above who are in direct contract with Applicant (using 1099s)	
_____ Total Ratable Employees		
_____ All Other Employees		
_____ Grand Total Domestic Employees		

Special Exposures

Does Applicant, at any location, have an exposure of precious or valuable metals or stones (e.g. gold, platinum, palladium, rhodium, silver, diamonds, tin, elemental titanium, mercury, or similarly valued material)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , attach a separate sheet for each location showing, for each such material, the type, form (ingots, salts, solutions, etc.) and maximum exposure by weight and dollar value.
Is there likely to be a large increase in the number of Applicant's employees during the premium period due to expansion, seasonal activity, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , attach a detailed explanation
Does Applicant engage in high-risk activities (investing, hedging, lending, leasing, underwriting, etc.) that require employees to exercise discretion or delegated authority in implementing company policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , attach a separate sheet detailing the activities, and the scope of authority granted, and the provisions in place to monitor performance
Do Applicant's employees regularly conduct their duties on the premises or property of others under circumstances that expose them to the valuable property of clients or customers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , attach a detailed explanation
Does Applicant, in the normal course of business, hold, process, or are otherwise held liable for significant amounts of property of others? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , attach a detailed explanation

Internal Control & Procedures

Frequency of audits of cash accounts performed by an outside CPA <input type="checkbox"/> Annual <input type="checkbox"/> Other _____	Do the audits include all interests and locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do these contain the opinion of the auditing firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency of audits of cash accounts and equipment inventory performed by internal staff		
Is countersignature required on all checks issued by Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, in excess of \$ _____ <input type="checkbox"/> No	If No, list names, positions, and ownership interests of persons with unlimited authority to sign checks	
Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are securities under the control of two or more responsible employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are securities kept in a bank safe deposit box? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do all purchases require the signed approval of two or more employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, indicate maximum authority granted to any one person \$ _____	
Are incoming and outgoing shipments checked, and invoices or records initialed, by more than one employee before acceptance or release? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are drivers required to account for each shipment by means of signed receipts or returned merchandise? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are background checks performed on all new hires? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, tick all that apply <input type="checkbox"/> Prior employment <input type="checkbox"/> References <input type="checkbox"/> Credit history <input type="checkbox"/> Criminal <input type="checkbox"/> Drug testing	
Are mid-employment screenings performed when employees are promoted to sensitive positions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Upon termination, are each employee's company building access keys / cards, company credit cards, and computer access credentials collected / voided immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, explain	
Describe Applicant's IT access controls (exception reports, automatic lockouts, etc. used to control repeated unsuccessful access attempts)		
Does Applicant segregate programming and operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is output reconciled by persons who do not process or prepare input? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are pre-authorization controls maintained for all programmers and operators? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are computerized check-writing operations segregated from departments that authorize checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant move or pay funds by wire transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who is authorized to initiate wire transfers, and what limits are imposed?	
Applicant's largest wire transfer \$ _____	Applicant's average wire transfer \$ _____	Applicant's average number of wire transfers per day
How do you verify proper receipt of wire transfers?		How are wire transfers of all types tested? <input type="checkbox"/> Embedded codes <input type="checkbox"/> Bank callback <input type="checkbox"/> Send/Release Initiation <input type="checkbox"/> Other _____
How are wire transfer requests initiated?		

Maximum Physical Exposures & Protection (Inside the Premises of Primary Location; exceeding requested Deductible Amounts)

Money \$ _____	Securities (not checks) \$ _____	Checks \$ _____	Other Property \$ _____	Make & Model of Safe / Vault
UL Security Rating or SMNA Burglary Rating of Safe / Vault		Is an alarm system in use at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, tick all that apply <input type="checkbox"/> Fire <input type="checkbox"/> Burglary <input type="checkbox"/> Holdup-Panic Buttons
Is there an automatic teller machine (ATM) inside this location? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, is it owned by you or are you liable for loss of the ATM or its contents? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Make, Model, and Security Rating of ATM			Maximum Cash Fill \$ _____	Is ATM anchored to the floor or masonry walls with boltwork? <input type="checkbox"/> Yes <input type="checkbox"/> No

Attach a separate sheet of paper detailing the above information for all other locations

Maximum Physical Exposures & Protection (In Transit; exceeding requested Deductible Amounts)

Money \$ _____	Securities (not checks) \$ _____	Checks \$ _____	Other Property \$ _____	
Transportation by: <input type="checkbox"/> Messenger Traveling Alone <input type="checkbox"/> Messenger with _____ Guard(s) <input type="checkbox"/> Armored Car <input type="checkbox"/> Other _____				

Loss History (during the last six years)

Date Loss Discovered	Type of Loss	Describe circumstances of Loss, and Action taken to help prevent repetition
Amount of Loss \$	Recovered From Insurance \$	
Date Loss Discovered	Type of Loss	Describe circumstances of Loss, and Action taken to help prevent repetition
Amount of Loss \$	Recovered From Insurance \$	
Date Loss Discovered	Type of Loss	Describe circumstances of Loss, and Action taken to help prevent repetition
Amount of Loss \$	Recovered From Insurance \$	
Date Loss Discovered	Type of Loss	Describe circumstances of Loss, and Action taken to help prevent repetition
Amount of Loss \$	Recovered From Insurance \$	

Attach a separate sheet of paper detailing any other Losses during the last six years

FRAUD STATEMENTS

ALABAMA: "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 is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

ARKANSAS: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly 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."

DISTRICT OF COLUMBIA: "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant."

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."

HAWAII: "For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

KENTUCKY: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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."

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

MAINE: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

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

NEW JERSEY: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

NEW MEXICO: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

NEW YORK: "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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

OHIO: "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."

OKLAHOMA: "WARNING: Any person who knowingly, and with intent to injury, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

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."

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

TENNESSEE: "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."

VIRGINIA: "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."

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."

WEST VIRGINIA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is 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 by 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."

All particulars herein are declared to be true and complete to the best of the Applicant's knowledge, and no information has been withheld or suppressed, and the Applicant agrees that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between the Applicant and the insurer. The Applicant hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Applicant Name: _____

Date: _____

Applicant Signature: _____

This application does not commit the insurer to any liability, nor does it make the applicant liable for any premium unless and until the insurer agrees to effect this insurance.



WE'VE MADE IT EASY FOR YOU TO COMPLETE AND SUBMIT THIS APPLICATION

TWO EASY WAYS TO COMPLETE THIS APPLICATION — PRINT OR DIGITAL

For PRINT completion:

1. Print this PDF.
2. Complete the application with a black pen by legibly writing your responses in the applicable fields.
3. Use one of the following ways to submit the completed application:
 - a. Scan, then email the pages to Underwriting@SuretyOne.org or your assigned underwriter
 - b. Mail the pages to our Raleigh NC address (listed above)
 - c. Fax the pages to 919-834-7039

For DIGITAL completion:

1. Download this PDF to your computer.
2. Open the file in a PDF editor, such as Adobe Acrobat Reader DC (available for free here: <https://get.adobe.com/reader/>).
3. Complete the application by typing and clicking your responses in the applicable fields.
4. Save your updated file to your computer by going to File > Save as...
5. Use one of the following ways to submit the completed application:
 - a. Attach the PDF to an email, and send to Underwriting@SuretyOne.org or to your assigned underwriter
 - b. Upload the PDF to the form on www.suretyone.org/contact-us

Note: Incomplete applications may result in processing delays.

Fidelity bonds, also known as Commercial Crime Policies, are written to protect organizations from the impact of an employee's dishonest acts. Surety One, Inc. offers very broad forms for both domestic and international business operations, following the S.F.A.A. formats which include:

- Employee theft
- Depositors forgery or alteration
- Theft, disappearance and/or destruction of money and securities
- Robbery and safe burglary
- Computer Crime (theft, funds transfer fraud, etc.)
- Counterfeit currency/money orders

The basic coverage forms can be expanded by negotiated endorsement. Do you have an "outside of the box" or "non-standard" fidelity risk? No problem. Do you need a special fidelity bond manuscripted for your particular client? Surety One, Inc. can help.