

**CRIME APPLICATION**

1. First Named Insured \_\_\_\_\_  
The first Named Insured is responsible for premium payment, cancellation, and changes - refer to policy wording.

2. Other Insured(s) \_\_\_\_\_

3. Mailing Address \_\_\_\_\_  
Street City County State ZIP Code

4. Location of Premises:

1. \_\_\_\_\_  
Street City County State ZIP Code

2. \_\_\_\_\_  
Street City County State ZIP Code

5. Effective Date Desired \_\_\_\_\_ Term Desired \_\_\_\_\_

6. **PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS**

Year	Carrier/Policy Number/Premium	Coverage	Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?  
 No     Yes - If so, give name of company, date, and reason.

7. Years in Business \_\_\_\_\_ Years of Experience \_\_\_\_\_

8. Coverage Desired:

Type	Limit of Insurance	Premium
<input type="checkbox"/> Premises Burglary - Coverage Form E	\$ _____	\$ _____
<input type="checkbox"/> Robbery and Safe Burglary - Coverage Form D	\$ _____	\$ _____
<input type="checkbox"/> Other	\$ _____	\$ _____
<input type="checkbox"/> Blanket <input type="checkbox"/> Scheduled		

9. Neighborhood type:  Residential     Mercantile     Manufacturing

10. Crime area:         High             Low            Police patrolled:  Yes     No

11. Total number of all employees \_\_\_\_\_

12. Total number of officers, partners, and employees that handle or have custody of money, securities, or other property \_\_\_\_\_

13. Average number of employees on duty at one time \_\_\_\_\_ Indicate business hours \_\_\_\_\_

14. What is your financial condition? Describe in detail. \_\_\_\_\_  
 \_\_\_\_\_

15. Do you keep stock and sales books, stock inventories, or similar records?     Yes     No

16. How often are they made up? \_\_\_\_\_

17. What is the maximum value of stock at any one time? \_\_\_\_\_

18. What is the average value of stock during the year? \_\_\_\_\_

**MONEY - SECURITIES**

19. List the maximum exposure per location for each of the following:

	<b>Money</b>	<b>Securities (Other than Payroll Checks)</b>	<b>Payroll Checks</b>	<b>Checks (Excluding Retail)</b>
Loc. 1 Inside	\$ _____	\$ _____	\$ _____	\$ _____
Per Messenger	\$ _____	\$ _____	\$ _____	\$ _____
Loc. 2 Inside	\$ _____	\$ _____	\$ _____	\$ _____
Per Messenger	\$ _____	\$ _____	\$ _____	\$ _____

20. In addition to your normal trade or business, do you cash checks?  Yes  No  
 If yes, is it:  A service for a customer  For a fee  
 If so, how much extra cash is held for that purpose at any one time? \_\_\_\_\_

21. How much money is kept on premises overnight? \_\_\_\_\_

22. Is it kept in a safe?  Yes  No  
 If no, where is the money kept? \_\_\_\_\_

23. Are checks stamped for deposit only?  Yes  No

24. How frequent are deposits made? \_\_\_\_\_

25. Is night depository used?  Yes  No

**SAFE - VAULT**

26. Classification and age \_\_\_\_\_ Label \_\_\_\_\_

27. Thickness: Door \_\_\_\_\_ Wall \_\_\_\_\_

		<b>Yes</b>	<b>No</b>
28. Is safe:	Anchored	<input type="checkbox"/>	<input type="checkbox"/>
	Burglar resistive	<input type="checkbox"/>	<input type="checkbox"/>
	Fire resistive	<input type="checkbox"/>	<input type="checkbox"/>
	Protected by alarm system	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, describe. _____		

29. Who has access to combination? \_\_\_\_\_

**MESSENGER**

30. Number of guards per messenger \_\_\_\_\_ Are they armed?  Yes  No

31. Distance to bank from premises \_\_\_\_\_ Type of vehicle used \_\_\_\_\_

32. Is a safety sachel used?  Yes  No

