



Commercial Crime Policy for a Governmental Entity

APPLICATION

Name: _____ SIC Code: _____ Agent: _____
 (If more than one Insured, please attach a list) _____ Agent Code: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Effective Date: _____
 Predominant Business Activity: _____
 Annual Tax Receipts _____ Policy Term: Annual 2 Years 3 Years 4 Years
 Billing: Installment Prepaid
 Is your organization a: State County
 subdivision? _____

DESIRED COVERAGE

Coverage Form O or P (circle one): Employee Dishonesty
 Coverage Form B: Forgery or Alteration
 Coverage Form C: Theft, Disappearance, Destruction (Money and Securities)
 Coverage Form D: Robbery and Safe Burglary
 Coverage Form F: Computer Fraud
 Other: _____

LIMITS OF LIABILITY

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Deductible: \$ _____

Prior Insurer: _____ Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

Is Faithful Performance of Duty Coverage desired? Yes No

List any department, board, commission or sub-entity that carries its own separate bond or policy and, if applicable, list any other entity that should be excluded from this policy. _____

Do your statutes/ordinances allow the Public Employee Dishonesty Coverage to include coverage for the following positions? Check all that apply: Treasurers Tax Collectors Other positions previously bonded separately
If checked, please cite statutory provision and identify the other positions by name.

If an Obligee other than the Named Insured needs to be indemnified under this insurance, please provide the name and address of the Obligee: _____

LOSS EXPERIENCE:

List all crime losses sustained during the last three years whether reimbursed or not. Check here if none

<u>Date of Loss</u>	<u>Total Amount of Loss</u>	<u>Description of Loss and Corrective Action</u>
_____	_____	_____
_____	_____	_____

Total

Number of Employees _____
 Locations (other than main office) _____

