

ACORDTM CRIME SECTION 2000

DATE

PRODUCER	PHONE OH 513-871-3330 KY 859-727-2226 (A/C, No, Ext): FAX OH 513-871-8769 KY 859-727-9210 (A/C, No):	APPLICANT (First Named Insured)				
Globe Insurance Agency, Inc.		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
				AGENCY BILL		
FOR COMPANY USE ONLY					BASIS FOR COVERAGE	
CODE:	SUB CODE:				<input type="checkbox"/> DISCOVERY	<input type="checkbox"/> LOSS SUSTAINED
AGENCY CUSTOMER ID:						

COVERAGE

COVERAGE	LIMIT	DEDUCTIBLE	COVERAGE	LIMIT	DEDUCTIBLE
EMPLOYEE THEFT <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$		INSIDE THE PREMISES ROBBERY OR BURGLARY OF OTHER PROPERTY <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$	
ERISA		N/A	OUTSIDE THE PREMISES MONEY AND SECURITIES	\$	
TOTAL ASSET VALUE \$ _____	\$		OTHER PROPERTY <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$	
EMPLOYEE THEFT GOVERNMENTAL CRIME <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE <input type="checkbox"/> PER LOSS <input type="checkbox"/> PER EMPLOYEE	\$		COMPUTER FRAUD	\$	
FORGERY OR ALTERATION	\$		MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY	\$	
INSIDE THE PREMISES THEFT OF MONEY AND SECURITIES <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$				

COVERAGE ENDORSEMENTS

ERISA EMPLOYEE THEFT - ADDITIONAL INFORMATION

NAME OF PLAN	PRINCIPLE ADDRESS	NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS	NUMBER OF PLAN PARTICIPANTS
IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)?		YES	NO

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES			YES	NO
1. ARE VOLUNTEERS USED? IF YES, HOW MANY?				
2. ANY EMPLOYEES LEASED TO OTHERS? IF YES, GIVE NUMBER AND EXPLAIN IN REMARKS.				
3. ANY EMPLOYEES LEASED FROM OTHERS? IF YES, GIVE NUMBER AND EXPLAIN IN REMARKS.				
4. ANY EMPLOYEES PERFORM MONEY INVESTING OR TRADING?				
5. ANY EMPLOYEES RECEIVE OR ISSUE WAREHOUSE RECEIPTS?				
6. ANY EMPLOYEE(S) BEEN CANCELLED FOR CRIME COVERAGE BY ANY INSURER?				
7. DOES APPLICANT HAVE ANY WRITTEN AGREEMENTS WITH CLIENTS?				
8. DOES APPLICANT TRANSFER ANY FUNDS VIA PHONE OR FAX?				
9. ANY EXPOSURE FROM LOSS TO GUEST PROPERTY?				
NUMBER OF OFFICERS:	TOTAL NUMBER OF OTHER RATEABLE EMPLOYEES:	MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS:	ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES:	

REMARKS

CONTROLS AND AUDIT PROCEDURES

AUDITS	
1. IS THERE AN AUDIT BY? <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER: <input type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT	5. DATE OF COMPLETION OF LAST AUDIT OF: CASH & ACCOUNTS _____ INVENTORY _____
2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT	6. WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? IF "YES", SUBMIT A COPY OF THE AUDIT AND AUDITOR'S COMMENTS. <input type="checkbox"/> YES <input type="checkbox"/> NO
	7. AUDIT FREQUENCY? <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL OTHER: _____
3. ALL LOCATIONS AUDITED? <input type="checkbox"/> YES <input type="checkbox"/> NO	8. DOES AUDIT INCLUDE INVENTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? IF NO, EXPLAIN SCOPE OF AUDIT. <input type="checkbox"/> YES <input type="checkbox"/> NO	9. AUDIT REPORT IS RENDERED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNERS <input type="checkbox"/> BOARD OF DIRECTORS OTHER: _____
	10. ARE REFERENCES OF ALL NEW HIRES CHECKED WITH RESPECT TO EMPLOYMENT HISTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO
BANKING/OTHER	
1. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW? <input type="checkbox"/> YES <input type="checkbox"/> NO	3. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO

MONEY - SECURITIES

ENTER THE EXPOSURES FOR EACH CATEGORY. AMOUNTS ENTERED SHOULD BE MAXIMUM EXPOSURE.

TYPE	MONEY	CHECKS FOR DEPOSIT	CHECKS FOR ACCOUNTS PAYABLE	PAYROLL CHECKS	MONEY OVERNIGHT	SECURITIES (IN BANK/SAFE DEPOSIT)
INSIDE	\$	\$	\$	\$	\$	\$
MESSENGER #1	\$	\$	\$	\$	\$	
MESSENGER #2	\$	\$	\$	\$	\$	

PROPERTY

DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC	MAXIMUM VALUE

MISCELLANEOUS INFORMATION

BUSINESS HOURS	AVG # EMPLOYEES ON DUTY	CHECKS STAMPED FOR DEPOSIT ONLY	FREQUENCY OF DEPOSITS	NIGHT DEPOSITORY USED	ANNUAL GROSS SALES OR RECEIPTS FOR LAST FISCAL YEAR	DOES PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS? YES NO	OTHER INFORMATION

SAFE/VAULT

MANUFACTURER	LABEL	CLASS	DOOR TYPE		COMBINATION LOCKS			THICKNESS	
			ROUND	SQUARE	OUTER	INNER	CHEST	DOOR (EXCL BOLTWORK)	WALL
	UL								
	SMNA								
	UL								
	SMNA								

MESSENGER PROTECTION

MESS'GR #	# OF GUARDS PER MESSENGER	PRIVATE CONVEYANCE USED?	SAFETY SATCHEL USED?	MESS'GR #	# OF GUARDS PER MESSENGER	PRIVATE CONVEYANCE USED?	SAFETY SATCHEL 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

PREMISES/SAFE PROTECTION

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			ALARM INSTALLED AND SERVICED BY	# GUARDS	WATCHPERSONS	
			SAFE/VAULT	PREMISES					
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/> PARTIAL	1	2	3			
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CENTRAL STATION		<input type="checkbox"/> COMPLETE					RPT/CENT ST	
<input type="checkbox"/> SAFE	<input type="checkbox"/> POLICE CONNECT							CLOCK HRLY	
	<input type="checkbox"/> WITH KEYS							DON'T SIGNAL	
ACCESSIBLE OPENINGS & PROTECTION						OTHER PROTECTION (Fences, Floodlights, etc)			
CERTIFICATE NUMBER									
EXPIRATION DATE:									

REMARKS

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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY:SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)