



Old Republic Surety Company

Old Republic Insurance Company

(CHECK APPLICABLE COMPANY)

AGENT

This form must be completed for each new policy and at the beginning of each premium period for renewal policies.

**APPLICATION FOR A COMBINATION CRIME POLICY FOR GOVERNMENTAL ENTITIES**

**PLEASE TYPE OR PRINT LEGIBLY**

Application is hereby made by \_\_\_\_\_  
(List all Insureds)

Principal Address \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip Code)

for a (check appropriate box): Discovery  Loss Sustained  \_\_\_\_\_ **Commercial Crime Policy** with:  
(primary, excess, contributing)

<u>Coverage Forms</u>	<u>Limit of Insurance</u>
Coverage Form O - Public Employee Dishonesty - Per Loss Coverage -----	\$ _____
Coverage Form P - Public Employee Dishonesty - Per Employee Coverage -----	\$ _____
Coverage Form B - Forgery or Alteration -----	\$ _____

to become effective or to be continued as of 12:01 a.m. on \_\_\_\_\_ to 12:01 a.m. on \_\_\_\_\_

Premium payable (check the appropriate box): **Prepaid:** Annual , Two year , Three year , Four year   
**Equal Annual Installments:** Two year , Three year , Four year

1. If this insurance indemnifies an Obligee other than the Named Insured, list below the name and address of the Obligee:

**2. DESCRIPTION OF YOUR ORGANIZATION:**

- (a) Is your organization a part of the government of the (check the appropriate box): State , County , City , Town , Township , Village , Borough , Other Political Subdivision  \_\_\_\_\_
- (b) Is insurance being provided for a School System? \_\_\_\_\_ Yes  No

**3. AUDIT PROCEDURES:**

- (a) Is there an audit by a CPA, public accountant or equivalent, independent of your organization? \_\_\_\_\_ Yes  No   
If "Yes", how often (check the appropriate box): Quarterly , Semi-Annually , Annually
- (b) Name and Address of person or firm performing audit \_\_\_\_\_
- (c) Are all locations audited? \_\_\_\_\_ Yes  No
- (d) Is the audit made in accordance with generally accepted auditing standards and so certified? \_\_\_\_\_ Yes  No   
If "No", explain the scope of the audit \_\_\_\_\_
- (e) Is the audit report rendered to a regulatory authority? \_\_\_\_\_ Yes  No   
If "Yes", to whom are the reports rendered? \_\_\_\_\_
- (f) Date of completion of last audit \_\_\_\_\_
- (g) 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   
If "Yes", to whom are the reports rendered? \_\_\_\_\_

**4. INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):**

- (a) Are bank accounts reconciled by someone not authorized to deposit or withdraw? \_\_\_\_\_ Yes  No   
If "No", explain \_\_\_\_\_
- (b) Is countersignature of checks required? \_\_\_\_\_ Yes  No   
If "No", explain \_\_\_\_\_
- (c) Are securities subject to joint control of two or more responsible employees? \_\_\_\_\_ Yes  No   
If "No", explain \_\_\_\_\_

**5. PRIOR INSURANCE:**

(a) Has any similar insurance been declined or cancelled during the past three years? ----- Yes  No   
 If "Yes", explain \_\_\_\_\_

(b) Prior insurance to be superseded ----- Check if none

Form of Insurance	Effective Date	Expiration Date	Limit of Insurance	Name of Insurance Company
			\$	

(c) List below all fidelity and forgery losses sustained during the past three years, whether reimbursed or not, from \_\_\_\_\_ to \_\_\_\_\_ Check if none   
(month, day, year) (month, day, year)

Date of Loss	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Amount Recovered from other than Insurance	Amount of Loss Pending
		\$	\$	\$	\$

**6. RATING DATA FOR COVERAGE FORMS O, P and B:**

(a) Classification of Employees:

(1) List below (or attach separate sheet) the positions and number of officials/officers and employees occupying those positions to which this insurance applies:

<u>No. of Occupants</u>	<u>Positions</u>	<u>No. of Occupants</u>	<u>Positions</u>	<u>No. of Occupants</u>	<u>Positions</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Note: Persons required by law to be individually bonded and treasurers or tax collectors by whatever title known are automatically excluded from coverage under Coverage Forms O and P.**

(2) From the list above (or attached separate sheet) determine the:

- a. Number of officials/officers, not required by law to be individually bonded, who are authorized to manage, govern or control the Insured's employees \_\_\_\_\_
- b. Number of employees who handle, have custody or maintain records of money, securities or other property; department and division heads; assistant department and division heads; and peace officers (including patrolmen when Faithful Performance of Duty Coverage is being written) \_\_\_\_\_
- c. Number of all other employees (including patrolmen, when written for Honesty Coverage only) \_\_\_\_\_

6. RATING DATA FOR COVERAGE FORMS O, P and B (cont'd):

(b) Deductibles

(1) Coverage Forms O and P: Amount  
 a. All employees ----- \$ \_\_\_\_\_  
 b. Specified positions ----- \$ \_\_\_\_\_

List below the positions and number of employees occupying those positions:

<u>No. of Employees</u>	<u>Position(s)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(2) Coverage Form B ----- \$ \_\_\_\_\_

7. COVERAGE AMENDMENTS (ENDORSEMENTS) - COVERAGE FORMS O and P:

(a) Is Faithful Performance of Duty Coverage required? ----- Yes  No

(b) If blanket excess limits of insurance are desired on any of your Joint Insureds, complete the following:

<u>Joint Insured(s)</u>	<u>No. of Employees</u>	<u>Excess Limit of Insurance</u>
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(c) If excess limits of insurance are desired on any of your employees on either a name schedule or position schedule basis, complete the following:

Item No.	Name Schedule Coverage		Position Schedule Coverage		Excess Limit of Insurance Each Employee
	Name(s) of Covered Employee(s)	Title(s) of Covered Position(s)	Location of Covered Positions	No. of Employees Each Position	

Is Faithful Performance of Duty Coverage required on the employees or positions listed above? ----- Yes  No

8. COVERAGE AMENDMENT (ENDORSEMENT) - COVERAGE FORM B:

If insurance is desired, complete the following:

Credit, Debit or Charge Card Instruments:  
 Covered instruments (check the appropriate box) include  or are limited to   
 credit, debit or charge cards issued to you or any employee for business purposes ----- No. of Cardholders Limit of Insurance  
 \$ \_\_\_\_\_

9. The present officials/officers and employees of the Insured, in the positions held, as shown herein, 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 officials/officers or employees are dishonest. Such knowledge that any official or officer signing for the Insured may now have in respect to his or her own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_,

By \_\_\_\_\_ (Insured) \_\_\_\_\_ (Name and Title)

**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 injure, 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."