

SERFF Tracking Number: ACPC-125758934 State: Arkansas
Filing Company: ACORD Corporation State Tracking Number: EFT \$50
Company Tracking Number: ACORD 2008-7 (CRIME)
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: Burglary and Theft
Project Name/Number: AR FILING 08-04-08 ACORD:141 C (2007/06)/7 AR: 2008-7 (Crime)

Filing at a Glance

Company: ACORD Corporation
Product Name: Burglary and Theft SERFF Tr Num: ACPC-125758934 State: Arkansas
TOI: 26.0 Burglary & Theft SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: ACORD 2008-7 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: Daneen L. Carroll Disposition Date: 08/06/2008
Date Submitted: 08/05/2008 Disposition Status: Approved
Effective Date Requested (New): Effective Date (New):
Effective Date Requested (Renewal): 08/04/2008 Effective Date (Renewal): 08/04/2008

State Filing Description:

General Information

Project Name: AR FILING 08-04-08 ACORD:141 C (2007/06) Status of Filing in Domicile: Not Filed
Project Number: 7 AR: 2008-7 (Crime) Domicile Status Comments:
Reference Organization: ACORD Reference Number: ACORD 141 C (2007/06)
Reference Title: Crime Section 2000 Advisory Org. Circular: ACORD 141 C
Filing Status Changed: 08/06/2008
State Status Changed: 08/06/2008 Deemer Date:
Corresponding Filing Tracking Number: ACORD 2008-7 (Crime)
Filing Description:
August 4, 2008

Ms. Alexa Grissom
Senior Rate and Forms Analyst
Property and Casualty Division

SERFF Tracking Number: ACPC-125758934 *State:* Arkansas
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Project Name/Number: AR FILING 08-04-08 ACORD:141 C (2007/06)/7 AR: 2008-7 (Crime)

Arkansas Insurance Department
1200 West Third St.
Little Rock, Arkansas 72201-1904

Re: ACORD Forms Filing 2008-7 (Crime)
ACORD 141 C (2007/06) Crime Section 2000

Dear Ms. Grissom:

As a licensed Advisory Organization (# 8977), we hereby file two (2) new forms.

Attached are the following:

1. Copies of Form PC TD-1, P&C Transmittal Document
2. Copies of Form PC FFS-1, Form Filing Synopsis
3. Arkansas Certificate of Compliance
4. One copy of each of the applications being filed
5. An explanation of the use of each form
6. One \$50.00 filing fee

Please do not hesitate to call me at (800) 444-3341, extension 422 or e-mail jvolker@acord.org, if you need anything further.

Sincerely,

Joel V. Volker
Staff Counsel

JVV:etb

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Enclosures

Company and Contact

Filing Contact Information

Daneen L Carroll, Compliance Manager dcarroll@acord.org
 Two Blue Hill Plaza (845) 620-1700 [Phone]
 Pearl River , NY 10965-8529 (845) 620-3693[FAX]

Filing Company Information

ACORD Corporation CoCode: 44 State of Domicile: New York
 Two Blue Hill Plaza Group Code: Company Type: Non-profit
 3rd Floor
 Pearl River, NY 10965-8529 Group Name: State ID Number:
 (845) 620-1700 ext. [Phone] FEIN Number: 13-2940919

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------|---------|----------------|---------------|
| ACORD Corporation | \$50.00 | 08/05/2008 | 21789278 |

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| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| | \$0.00 | |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 08/06/2008 | 08/06/2008 |

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Disposition

Disposition Date: 08/06/2008

Effective Date (New):

Effective Date (Renewal): 08/04/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | ACORD 141 C (2007/06) ACORD Cover Letter: ACORD 2008-7 (Crime) | Approved | No |
| Supporting Document | ACORD 141 C (2007/06) Arkansas Certificate of Compliance: ACORD 2008-7 (Crime) | Approved | Yes |
| Supporting Document | ACORD 141 C (2007/06) Explanation of Changes: ACORD 2008-7 (Crime) | Approved | Yes |
| Supporting Document | ACORD 141 C (2007/06) ACORD Form: ACORD 2008-7 (Crime) | Approved | Yes |

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/06/2008

Comments:

ACORD 141 C (2007/06) Property & Casualty Transmittal Document PC TD-1 and Form Filing Schedule FFS-1:
ACORD 2008-7 (Crime)

Attachment:

P&C Transmittal 2008-7 (Crime).pdf

Satisfied -Name: ACORD 141 C (2007/06) ACORD
Cover Letter: ACORD 2008-7
(Crime) **Review Status:** Approved 08/06/2008

Comments:

ACORD 141 C (2007/06) ACORD Cover Letter: ACORD 2008-7 (Crime)

Attachment:

Letter 2008-7 (141 C).doc

Satisfied -Name: ACORD 141 C (2007/06) Arkansas
Certificate of Compliance: ACORD
2008-7 (Crime) **Review Status:** Approved 08/06/2008

Comments:

ACORD 141 C (2007/06) Arkansas Certificate of Compliance: ACORD 2008-7 (Crime)

Attachment:

Certification 2008-7 (Crime).pdf

Satisfied -Name: ACORD 141 C (2007/06)
Explanation of Changes: ACORD
2008-7 (Crime) **Review Status:** Approved 08/06/2008

Comments:

ACORD 141 C (2007/06) Explanation of Changes: ACORD 2008-7 (Crime)

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Attachment:

141 C.pdf

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Review Status:

Satisfied -Name: ACORD 141 C (2007/06) ACORD Form: ACORD 2008-7 (Crime) Approved 08/06/2008

Comments:

ACORD 141 C (2007/06) ACORD Form: ACORD 2008-7 (Crime)

Attachment:

141C.pdf

Property & Casualty Transmittal Document

| | | | | | |
|---|---|--------------|--|------------------|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes | New Business | | Renewal Business | |
| New Business | | | | | |
| Renewal Business | | | | | |

| | |
|----------------------|---------------------|
| 3. Group Name | Group NAIC # |
| | |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|--------------------|----------|--------|--------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|-----------------------------------|--|
| 5. Company Tracking Number | |
|-----------------------------------|--|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|------------------|-------|--------------|-------|--------|
| | | | | | |
| | | | | | |

| | |
|--|--|
| 7. Signature of authorized filer | |
| 8. Please print name of authorized filer | |

Filing information (see General Instructions for descriptions of these fields)

| | |
|--|---|
| 9. Type of Insurance (TOI) | |
| 10. Sub-Type of Insurance (Sub-TOI) | |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested | New: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/> |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Reference Organization (if applicable) | |
| 17. Reference Organization # & Title | |
| 18. Company's Date of Filing | |
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

Property & Casualty Transmittal Document—

| | | |
|-----|---|--|
| 20. | This filing transmittal is part of Company Tracking # | |
|-----|---|--|

| | |
|-----|--|
| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|-----|--|

| | |
|-----|---|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
|-----|---|

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

| | | |
|-----------|--|--|
| 1. | This filing transmittal is part of Company Tracking # | |
|-----------|--|--|

| | | |
|-----------|---|--|
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | |
|-----------|---|--|

| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement Or withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
|-----------|--|--|--|--|---|
| 01 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 02 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 03 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 08 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 09 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |

PC FFS-1



August 4, 2008

Ms. Alexa Grissom
Senior Rate and Forms Analyst
Property and Casualty Division
Arkansas Insurance Department
1200 West Third St.
Little Rock, Arkansas 72201-1904

Re: ACORD Forms Filing 2008-7 (Crime)
ACORD 141 C (2007/06) Crime Section 2000

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3. Arkansas Certificate of Compliance
4. One copy of each of the applications being filed
5. An explanation of the use of each form
6. One \$50.00 filing fee

Please do not hesitate to call me at (800) 444-3341, extension 422 or e-mail volker@acord.org, if you need anything further.

Sincerely,

Joel V. Volker
Staff Counsel

JVV:etb

Enclosures

New York

Two Blue Hill Plaza
3rd Floor
PO Box 1529
Pearl River, NY 10965-8529
U.S.A.

Tel +1 845 620 1700
Fax +1 845 620 3600

London

London Underwriting Centre
Suite 1/3
3 Minster Court
Mincing Lane
London EC3R 7DD
United Kingdom

Tel +44 (0)20 7617 6400
Fax +44 (0)20 7617 6401

**ACORD 141 C (2007/06), CRIME SECTION 2000,
replaces ACORD 141C (2002/12)**

EXPLANATION OF CHANGES

Page 1

1. Add fields for AGENCY CUSTOMER ID:, LOC #: and BLDG #: to the top of page 1
2. Delete border around title, center title and replace logo
3. Reformat AGENCY and APPLICANT sections
4. In COVERAGE section, to the right of the header, add BASIS FOR COVERAGE: with two check boxes for DISCOVERY and LOSS SUSTAINED
5. In COVERAGE section, add additional fields in the ERISA section and reformat section
6. In ERISA EMPLOYEE THEFT - ADDITIONAL INFORMATION section, add (Y/N) to the end of the question and replace YES/NO check boxes with a single field to capture a Y for a "YES" response or N for a "NO" response
7. In GENERAL INFORMATION section, delete YES / NO check boxes and replace with a single field to capture either a Y for a "YES" response or an N for a "NO" response
8. In GENERAL INFORMATION section, reformat entire section so that each question has a field below it to capture the remarks and extends across the entire page
9. In GENERAL INFORMATION section, Question 1, replace HOW MANY with # OF VOLUNTEERS: and a field to capture the number
10. In GENERAL INFORMATION section, Question 2, delete IN REMARKS. Add # OF EMPLOYEES LEASED TO OTHERS: and a field to capture the number
11. In GENERAL INFORMATION section, Question 3, delete IN REMARKS. Add # OF EMPLOYEES LEASED FROM OTHERS: and a field to capture the number
12. Move CLASSIFICATION OF EMPLOYEES/LOCATIONS to the top of Page 2
13. Add Page 1 of 4 to Footer
14. Add -2007. All rights reserved. to ACORD copyright
15. Add, The ACORD name and logo are registered marks of ACORD, to footer.

Page 2

16. Add fields for AGENCY CUSTOMER ID:, LOC #: and BLDG #: to the top of page 2
17. In CLASSIFICATION OF EMPLOYEES/LOCATIONS section, enlarge fields to allow more characters in the number of employees fields
18. Add new section entitled, HIRING PRACTICES
19. Reformat CONTROLS AND AUDIT PROCEDURES section using new Questions format. Treat as a new section. New questions were added and original questions were renumbered
20. Add Page 2 of 4 to footer

Page 3

21. Add fields for AGENCY CUSTOMER ID:, LOC #: and BLDG #: to the top of page 3
22. Add CONTROLS AND AUDIT PROCEDURES (continued) section to the top of Page 3 using new Questions format.
23. In CONTROLS AND AUDIT PROCEDURES (continued) section, add new Questions 5- 10
24. Add new PURCHASING/RECEIVING CONTROLS section
25. Add new COMPUTER FRAUD CONTROLS section
26. Expand PROPERTY section

141 C (2007/06)
Crime Section 2000
(continued)

27. In MISCELLANEOUS INFORMATION section, add (Y/N) to column titles in three places and add a field to capture the response

28. Add Page 3 of 4 to footer

Page 4

29. Add fields for AGENCY CUSTOMER ID:, LOC #: and BLDG #: to the top of page 4

30. Move SAFE VAULT section to the top of Page 4

31. In SAFE VAULT section, left align the check box labels in the column titled LABEL

32. In SAFE VAULT section, add check boxes in the columns titled, DOOR TYPE and COMBINATION LOCKS

33. In MESSENGER PROTECTION section, add (Y/N) to column titles in four places and add a field to capture the response

34. Expand REMARKS section

35. In REMARKS section, replace fraud warning

36. Add Page 4 of 4 to footer



AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

CRIME SECTION 2000

DATE (MM/DD/YYYY)

| | | |
|----------|---------------|---------------|
| AGENCY | NAMED INSURED | POLICY NUMBER |
| CARRIER: | NAIC CODE: | |

| COVERAGE | | BASIS FOR COVERAGE: | | DISCOVERY | LOSS SUSTAINED | |
|--|-------|---------------------|--|-----------|----------------|--|
| 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 | \$ | | |
| <input type="checkbox"/> ERISA | \$ | N/A | OUTSIDE THE PREMISES MONEY AND SECURITIES OTHER PROPERTY <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE | \$ | | |
| AGGREGATE | \$ | | | | | |
| ERISA EXCESS AMOUNT OVER BLANKET LIMIT | \$ | | | | | |
| TOTAL ASSET VALUE | \$ | | | | | |
| TOTAL ASSET VALUE (Per Plan) | \$ | | | | | |
| EMPLOYEE THEFT GOVERNMENTAL CRIME <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE <input type="checkbox"/> PER LOSS <input type="checkbox"/> PER EMPLOYEE | \$ | | COMPUTER FRAUD | \$ | | |
| | | | FUNDS TRANSFER FRAUD | \$ | | |
| | | | MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY | \$ | | |
| FORGERY OR ALTERATION | \$ | | | | | |
| 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)? (Y/N) <input type="checkbox"/> | | | |

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | Y/N |
|--|--------------------------|
| 1. ARE VOLUNTEERS USED? IF "YES", # OF VOLUNTERS: _____ | <input type="checkbox"/> |
| 2. ANY EMPLOYEES LEASED TO OTHERS? IF "YES", GIVE NUMBER AND EXPLAIN. # OF EMPLOYEES LEASED TO OTHERS: _____ | <input type="checkbox"/> |
| 3. ANY EMPLOYEES LEASED FROM OTHERS? IF "YES", GIVE NUMBER AND EXPLAIN. # OF EMPLOYEES LEASED FROM OTHERS: _____ | <input type="checkbox"/> |
| 4. ANY EMPLOYEES PERFORM MONEY INVESTING OR TRADING? | <input type="checkbox"/> |
| 5. ANY EMPLOYEES RECEIVE OR ISSUE WAREHOUSE RECEIPTS? | <input type="checkbox"/> |
| 6. ANY EMPLOYEE(S) BEEN CANCELLED FOR CRIME COVERAGE BY ANY INSURER? | <input type="checkbox"/> |
| 7. DOES APPLICANT HAVE ANY WRITTEN AGREEMENTS WITH CLIENTS? | <input type="checkbox"/> |
| 8. DOES APPLICANT TRANSFER ANY FUNDS VIA PHONE OR FAX? | <input type="checkbox"/> |
| 9. ANY EXPOSURE FROM LOSS TO GUEST PROPERTY? | <input type="checkbox"/> |

CLASSIFICATION OF EMPLOYEES/LOCATIONS

LIST ALL OFFICERS AND EMPLOYEES (Including those construed to be employees by endorsement), OTHER THAN AGENTS AND PARTNERS, WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY, INCLUDING, IN ANY EVENT, THE POSITIONS LISTED BELOW:

| NUMBER OF: | NUMBER OF: | NUMBER OF: | NUMBER OF: |
|--|---|---|---|
| ACCOUNTANTS AND ASSTS | COLLECTORS | LOCKER ROOM ATTENDANTS | STOCK CLERKS |
| ADJUSTERS | COMPUTER PROGRAMMERS | MAITRE D'S AND ASSTS | STOREKEEPERS |
| ADMINISTRATORS AND ASSTS | COMPTROLLERS AND ASSTS | MANAGERS AND ASSTS | STOREROOM PERSONNEL |
| APPRAISERS AND CLERKS ACTING AS APPRAISERS | CREDIT CLERKS AND MANAGERS | MEDICAL DIRECTORS | SUPERINTENDENTS AND ASSTS |
| ATTORNEYS | CUSTODIANS | MESSENGERS, OUTSIDE | SUPERVISORS AND ASSTS |
| AUDITORS AND ASSTS | DELIVERY PERSONS | PAYROLL DISTRIBUTORS | TAXI DRIVERS |
| BOOKKEEPERS | DEMONSTRATORS | PURCHASING AGENTS AND ASSTS | TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES |
| BUS DRIVERS | DIETITIANS WHO ORDER FOOD | RECEIVING CLERKS | TIMEKEEPERS AND ASSTS |
| BUYERS AND ASSTS | DRIVERS AND DRIVERS' HELPERS | REFINERY GAUGERS OF OIL COS HANDLING REFINED GASOLINE& OILS | TRUCK DRIVERS |
| CANVASSERS (Door-to-door salespeople) | FOOD INSPECTORS | SALESPEOPLE | WAREHOUSE PERSONNEL |
| CASHIERS AND ASSTS | HEAD PHARMACISTS | SECURITY PERSONNEL | WINE CELLAR PERSONNEL |
| CHAIRPERSONS | INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES | SERVICE STATION ATTENDANTS | WINE STEWARDS/ESSES |
| CHEFS WHO ORDER FOOD | JANITORS | SHIPPING CLERKS | ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED ABOVE |
| NUMBER OF OFFICERS: | TOTAL NUMBER OF OTHER EMPLOYEES: | MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS: | ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES: |

HIRING PRACTICES

| NO EXPLANATION REQUIRED | Y/N |
|---|--------------------------|
| 1. IS PRIOR EMPLOYER HISTORY CHECKED? | <input type="checkbox"/> |
| 2. IS EDUCATION AND TRAINING VERIFIED? | <input type="checkbox"/> |
| 3. IS DRUG TESTING CONDUCTED? | <input type="checkbox"/> |
| 4. IS A FORMAL TRAINING PROGRAM ESTABLISHED AND FOLLOWED? | <input type="checkbox"/> |
| 5. ARE CREDIT CHECKS SECURED FOR EMPLOYEES WITH ACCESS TO FINANCIAL TRANSACTIONS? | <input type="checkbox"/> |
| 6. ARE SOCIAL SECURITY NUMBERS VERIFIED? | <input type="checkbox"/> |
| 7. IS CRIMINAL HISTORY CHECKED? | <input type="checkbox"/> |
| 8. ARE MANAGERS PROVIDED WITH NAMES AND SALARIES OF ALL ASSIGNED EMPLOYEES? | <input type="checkbox"/> |

CONTROLS AND AUDIT PROCEDURES

| AUDITS (NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE) | Y/N |
|---|--------------------------|
| 1. AUDIT IS PERFORMED BY: <input type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT <input type="checkbox"/> STAFF <input type="checkbox"/> | |
| 2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT | |
| 3. DATE OF COMPLETION OF LAST AUDIT OF CASH & ACCOUNTS: _____ DATE OF COMPLETION OF LAST AUDIT OF INVENTORY: _____ | |
| 4. AUDIT FREQUENCY? <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> | |
| 5. AUDIT REPORT IS RENDERED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNERS <input type="checkbox"/> BOARD OF DIRECTORS <input type="checkbox"/> | |
| 6. FINANCIAL FORMAT IS: <input type="checkbox"/> AUDIT <input type="checkbox"/> REVIEW <input type="checkbox"/> COMPILATION <input type="checkbox"/> TAX RETURN ONLY | |
| 7. ARE ALL LOCATIONS AUDITED? | <input type="checkbox"/> |
| 8. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? IF "NO", EXPLAIN SCOPE OF AUDIT. | <input type="checkbox"/> |
| 9. 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"/> |
| 10. DOES AUDIT INCLUDE INVENTORY? | <input type="checkbox"/> |
| 11. ARE REFERENCES OF ALL NEW HIRES CHECKED WITH RESPECT TO EMPLOYMENT HISTORY? | <input type="checkbox"/> |
| 12. DOES AUDIT DEPARTMENT HAVE A PROGRAM TO DETECT GHOST EMPLOYEES? | <input type="checkbox"/> |
| 13. IS PAYROLL SYSTEM AUDITED ANNUALLY? | <input type="checkbox"/> |
| 14. IS A COMPLETE PHYSICAL INVENTORY MADE? IF "YES", HOW OFTEN: _____ | <input type="checkbox"/> |
| 15. IS INVENTORY MADE BY PERSONS WHO DO NOT HAVE CUSTODY CONTROL? | <input type="checkbox"/> |
| 16. IS A REQUISITION/SHIPPING ORDER REQUIRED FOR REMOVAL OF GOODS FROM STOREROOM/WAREHOUSE? | <input type="checkbox"/> |

CONTROLS AND AUDIT PROCEDURES (continued)

| | | |
|---|--|--------------------------|
| BANKING/OTHER (NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE) | | Y/N |
| 1. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW? | | <input type="checkbox"/> |
| 2. IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS?: _____ | | <input type="checkbox"/> |
| 3. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES? | | <input type="checkbox"/> |
| 4. ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS? | | <input type="checkbox"/> |
| 5. IS THERE A WRITTEN POLICY REGARDING EFTS? | | <input type="checkbox"/> |
| 6. WHAT IS THE LARGEST SINGLE AMOUNT THAT CAN BE TRANSFERRED?: \$ _____ | | |
| 7. PRIOR TO FUNDS TRANSFER, DOES FINANCIAL INSTITUTION VERIFY AUTHENTICITY WITH ANOTHER EMPLOYEE? | | <input type="checkbox"/> |
| 8. ARE HARD COPIES OF FUNDS TRANSFER CONFIRMATIONS RECEIVED AND RECONCILED? | | <input type="checkbox"/> |
| 9. FREQUENCY OF DEPOSITS: <input type="checkbox"/> DAILY <input type="checkbox"/> | | |
| 10. ARE DETAILED RECORDS OF BANK DEPOSITS MAINTAINED? | | <input type="checkbox"/> |

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 | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | |

PURCHASING / RECEIVING CONTROLS

| | | |
|--|--|--------------------------|
| NO EXPLANATION REQUIRED | | Y/N |
| 1. ARE DUTIES SEGREGATED? | | <input type="checkbox"/> |
| 2. ARE DEPARTMENTS SUPERVISED BY SOMEONE NOT AUTHORIZED TO PAY BILLS? | | <input type="checkbox"/> |
| 3. IS RESPONSIBILITY FOR CHECKING MERCHANDISE RECEIVED CONTROLLED BY MORE THAN ONE INDIVIDUAL? | | <input type="checkbox"/> |
| 4. IS ACTUAL RECEIPT OF MERCHANDISE VERIFIED BEFORE PAYMENT IS MADE? | | <input type="checkbox"/> |
| 5. IS A NUMBERED PURCHASE ORDER SYSTEM IMPLEMENTED AND FOLLOWED? | | <input type="checkbox"/> |

COMPUTER FRAUD CONTROLS

| | | |
|--|--|--------------------------|
| NO EXPLANATION REQUIRED | | Y/N |
| 1. DO INTERNAL AUDIT PROCEDURES INCLUDE COMPUTER OPERATIONS? | | <input type="checkbox"/> |
| 2. IS THERE AN EMPLOYEE OR DEPARTMENT WHOSE SOLE DUTY IS SECURITY? | | <input type="checkbox"/> |
| 3. ARE SUSPICIOUS TRANSACTIONS REVIEWED AND INVESTIGATED? | | <input type="checkbox"/> |
| 4. IS PHYSICAL ACCESS TO COMPUTER ROOM AND EQUIPMENT RESTRICTED TO AUTHORIZED PERSONNEL? | | <input type="checkbox"/> |

PROPERTY

| DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC. | MAXIMUM VALUE |
|---|---------------|
| | |

MISCELLANEOUS INFORMATION

| BUSINESS HOURS | AVG # EMPLOYEES ON DUTY | CHECKS STAMPED FOR DEPOSIT ONLY (Y/N) | FREQUENCY OF DEPOSITS | NIGHT DEPOSITORY USED (Y/N) | ANNUAL GROSS SALES OR RECEIPTS FOR LAST FISCAL YEAR | DOES PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS? (Y/N) | OTHER INFORMATION |
|----------------|-------------------------|--|-----------------------|------------------------------|---|--|-------------------|
| | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |

SAFE/VAULT

| MANUFACTURER | LABEL | CLASS | DOOR TYPE | | COMBINATION LOCKS | | | THICKNESS | |
|--------------|-------|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|------|
| | | | ROUND | SQUARE | OUTER | INNER | CHEST | DOOR (EXCL BOLTWORK) | WALL |
| | UL | | <input type="checkbox"/> | | |
| | SMNA | | <input type="checkbox"/> | | |
| | UL | | <input type="checkbox"/> | | |
| | SMNA | | <input type="checkbox"/> | | |

MESSENGER PROTECTION

| MESS'GR # | # OF GUARDS PER MESSENGER | PRIVATE CONVEYANCE USED? (Y/N) | SAFETY SATCHEL USED? (Y/N) | MESS'GR # | # OF GUARDS PER MESSENGER | PRIVATE CONVEYANCE USED? (Y/N) | SAFETY SATCHEL USED? (Y/N) |
|-----------|---------------------------|--------------------------------|----------------------------|-----------|---------------------------|--------------------------------|----------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

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"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| <input type="checkbox"/> PREMISES | <input type="checkbox"/> CENTRAL STATION | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| <input type="checkbox"/> SAFE | <input type="checkbox"/> POLICE CONNECT | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | <input type="checkbox"/> WITH KEYS | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| CERTIFICATE NUMBER | | | ACCESSIBLE OPENINGS & PROTECTION | | | OTHER PROTECTION (Fences, Floodlights, etc) | | |
| EXPIRATION DATE: | | | | | | | | |

REMARKS

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, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied).
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