



Wrap +®

Commercial Crime
Small Business Coverage Application

Travelers Casualty and Surety Company of America (not applicable in Guam, Puerto Rico, or the Virgin Islands)
Travelers Casualty and Surety Company (only applicable in Guam, Puerto Rico, and the Virgin Islands)

IMPORTANT INSTRUCTIONS

This Application will only be accepted for Privately held commercial companies and Non-Profit organizations with:
• 250 or fewer employees; and
• \$100 million or less in assets and \$100 million or less in revenues

This Application will not be accepted for Public Companies, Government Entities or Financial Institutions.

Applicant means all corporations, organizations or other entities, including subsidiaries and Employee Benefit Plans subject to ERISA, that are proposed for this insurance in Item I. APPLICANT INFORMATION.

I. APPLICANT INFORMATION

1. Name of Applicant: _____

Street Address: _____ City: _____

State: _____ ZIP Code: _____ Year Applicant's business was established: _____

2. Does the Applicant wish to include additional entities (e.g., affiliates, partnerships, joint ventures) as insureds for coverage? If Yes, attach a list and a description of each entity. Yes [] No []

3. Total number of employees* at all locations: Current Year: _____ Prior Year: _____

4. Total number of volunteers (only if Applicant is a non-profit organization): _____

5. Total number of locations: _____

6. a. Number of locations outside the United States: _____
Indicate domicile of each location on a separate page.

b. Number of employees* domiciled outside the United States: _____

* Employee count should include full time and part time employees (including leased, seasonal and temporary).

7. Indicate the total amount of specified property INSIDE the premises for all locations combined:

Cash \$ _____ Retail Checks** \$ _____ Credit Card Receipts \$ _____

8. Indicate the total amount of specified property being transported by a messenger OUTSIDE the premises for all locations combined:

Cash \$ _____ Retail Checks** \$ _____ Credit Card Receipts \$ _____

** Retail Checks are only those checks that are accepted as immediate payment for retail products or services.

9. Scope of financial statement preparation:

Internal [] CPA Compilation [] CPA Review [] CPA Audit [] None []

Note: Omit Question 10. if the limit requested is \$5,000,000 or greater, and attach the most recent annual financial statement and CPA Management Letter.

10. For your most recent fiscal year end (____/____/____) please complete the following financial information:

Table with 4 columns: Amount, Current Assets, Amount, Revenues. Rows include Total Assets, Net Income (Net Loss), Current Liabilities, Cash Flow from Operations, Long Term Debt, Net Equity/Net Assets (Deficit Equity).

11. During the past 24 months has the **Applicant** experienced, or during the next 12 months does the **Applicant** anticipate, any reorganization or arrangement with creditors under federal or state law? Yes No
If Yes, please attach an explanation with full details of the circumstances of such an event.

II. INTERNAL CONTROL INFORMATION

1. Does someone other than the person responsible for reconciling bank accounts:
 Make deposits? Yes No Make withdrawals? Yes No Sign checks? Yes No
2. Is countersignature of checks required? Yes No
3. Are all incoming checks stamped "for deposit only" immediately upon receipt? Yes No
4. Is segregation of duties practiced in the following areas:
 Inventory management? Yes No Cash receipts? Yes No
 Vendor approval? Yes No Oversight of blank check stock? Yes No
 Purchase order approval and payment? Yes No Retail checks and credit card receipts? Yes No
5. Is a physical count of inventory conducted at least annually? Yes No
6. Are inventory records computerized? Yes No
7. Indicate if you have or perform any of the following during the hiring process (*check all that apply*):
 Prior employment verification Drug testing Education verification Credit history Criminal history
8. Is there a software security system in place to detect fraudulent computer usage by employees, agents and outsiders? Yes No
9. Are passwords and access codes changed at regular intervals and when users are terminated? Yes No
10. Are EDP systems, programs, and procedures, including changes thereto, authorized, documented and tested? Yes No
11. Is dual authorization required for all wire transfers? N/A Yes No
12. Indicate any of the following characteristics or exposures that apply to your business operations (*check all that apply*):
 Precious metals or gemstones Managed assets of others Care, custody & control of clients' property
 Warehousing operations High unit, portable inventory None applicable

If you checked any of the characteristics or exposures above, please provide details that quantify the exposure and briefly describe the controls in place to protect you from loss in a separate attachment.

III. CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS

| Desired Crime Coverage | Requested Limit | Requested Retention |
|----------------------------------------------------|-----------------|---------------------|
| Fidelity: Employee Theft | \$ | \$ |
| Fidelity: ERISA Fidelity | \$ | \$ |
| Fidelity: Employee Theft of Client Property | \$ | \$ |
| Forgery or Alteration | \$ | \$ |
| On Premises (Money, Securities and Other Property) | \$ | \$ |
| In Transit (Money, Securities and Other Property) | \$ | \$ |
| Money Orders and Counterfeit Money | \$ | \$ |
| Computer Crime + Funds Transfer Fraud | \$ | \$ |

Expiring insurer: _____

Expiring premium: \$ _____

Date coverage first purchased: _____

Requested effective date: _____

IV. LOSS INFORMATION

Has the **Applicant** or any proposed insured sustained any crime-related losses in the past 3 years? Yes No
If Yes, please attach a full explanation of the loss including date, description, status of the loss, amount of the loss and procedures implemented to avoid further losses.

V. REQUIRED ATTACHMENTS

As part of this Application, please submit the following documents:

- Most recent annual financial statement, and CPA Management Letter, for limit requests of \$5,000,000 or greater
- If coverage for Employee Theft of Client Property is requested, submit separate Third Party Crime Application
- For each additional entity for which coverage is requested please attach a separate page or an organization chart which includes the name, description of operations, employee count and locations. *Important Note: Receipt of this information does not constitute an agreement that coverage will be provided to the listed entities.*

VI. COMPENSATION NOTICE

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

VII. FRAUD WARNINGS

Attention: Insureds in Arkansas, D.C., Louisiana, Maryland, New Mexico, and Rhode Island

Any person who knowingly (and willfully in D.C. and MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (and willfully in D.C. and MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention: Insureds in 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.

Attention: Insureds in 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.

Attention: Insureds in Kentucky, New Jersey, New York, Ohio, and 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

Attention: Insureds in Maine, Tennessee, Virginia, and 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.

VIII. SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PARTNER, PRINCIPAL OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE

INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

REPRODUCED SIGNATURES, INCLUDING PHOTOCOPIES, WILL BE TREATED AS ORIGINAL.

Signature* of **Applicant's** Authorized Representative
(Partner, Principal or Officer)

Name (Printed)

Title

Date

***IF YOU ARE ELECTRONICALLY SUBMITTING THIS APPLICATION TO TRAVELERS, APPLY YOUR ELECTRONIC SIGNATURE TO THIS FORM BY CHECKING THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX BELOW. BY DOING SO, YOU HEREBY CONSENT AND AGREE THAT YOUR USE OF A KEY PAD, MOUSE, OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES YOUR SIGNATURE, ACCEPTANCE, AND AGREEMENT AS IF ACTUALLY SIGNED BY YOU IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.**

AUTHORIZED REPRESENTATIVE'S ELECTRONIC SIGNATURE AND ACCEPTANCE

IX. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE):

Producer Signature

Producer Name (Printed)

Agency Name

Agency Code

License Number