



**Robert A. Schneider Agency**  
 A Division of Risk Placement Services, Inc

7300 Metro Blvd.  
 Suite 355  
 Minneapolis, MN 55439  
 Phone (952) 938-0655  
 Fax (952) 938-0701

555 D'Onofrio Drive  
 Suite 103  
 Madison, WI 53719  
 Phone (608) 203-2663  
 Fax (608) 203-2664

---

## Crime Insurance Application

---

### RESERVATION INFORMATION

1. Dun & Bradstreet Number: \_\_\_\_\_
2. Domicile State: \_\_\_\_\_
3. Name and Address: \_\_\_\_\_
4. State of Incorporation: \_\_\_\_\_

### RESERVATION INFORMATION

1. Primary Nature of Business: \_\_\_\_\_
2. If "Guest Property" Coverage is elected, please provide the total number of Guest Rooms: \_\_\_\_\_
3. Are you currently a member of the U.S. Chamber of Commerce?  Yes  No
4. Are you interested in ChamberFirst<sup>SM</sup>?  Yes  No
5. Do you currently have Fidelity or Crime Insurance?  Yes  No  
 If yes, what is the Expiration Date of current policy? \_\_\_\_\_  
 Current Carrier? \_\_\_\_\_
6. Has any insurance carrier refused, canceled or nonrenewed any Fidelity or Crime Insurance coverage?  Yes  No  
Missouri Residents need not reply.
7. Has your operation experienced any of the following losses in the past three years or if in business less than three years, since date of formation (whether insured or not):
 

Employee Theft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forgery or Alteration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Theft of Money and Securities (Inside/Outside)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Other Crime or Fidelity related losses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you been in business for at least 2 years?  Yes  No
9. Are there precious metals at any of your locations?  Yes  No

10. Are all of your operations located in the US, Virgin Islands, Puerto Rico, or Canada?  Yes  No
11. Total Number of Locations? \_\_\_\_\_  
 State \_\_\_\_\_ County \_\_\_\_\_ Number of Locations \_\_\_\_\_  
 State \_\_\_\_\_ County \_\_\_\_\_ Number of Locations \_\_\_\_\_  
 State \_\_\_\_\_ County \_\_\_\_\_ Number of Locations \_\_\_\_\_  
 State \_\_\_\_\_ County \_\_\_\_\_ Number of Locations \_\_\_\_\_  
 State \_\_\_\_\_ County \_\_\_\_\_ Number of Locations \_\_\_\_\_
12. Total Number of Employees? \_\_\_\_\_  
 How many employees handle, have access to or maintain records of money, securities or other property (including, but not limited to, directors, officers, trustees and any person handling or having access to employee welfare or benefit plan assets)? \_\_\_\_\_
13. Are bank accounts reconciled on a monthly basis?  Yes  No
14. Is the reconciliation done by someone not authorized to deposit or withdraw therefrom, at all locations?  Yes  No
15. Do you have countersignature of checks or a voucher system in place?  Yes  No
16. Are your financial statements prepared by an independent auditor at least annually?  Yes  No
17. Was your net worth or fund balance positive as of last fiscal year end?  Yes  No
18. Were you profitable as of last fiscal year end?  Yes  No
19. Are your Annual Gross Assets under \$100 Million?  Yes  No
20. Are your Annual Gross Revenue under \$100 Million?  Yes  No  
 What are your total annual revenues? \_\_\_\_\_
21. Do you sponsor any employee welfare or retirement plan for your employees?  Yes  No  
 List all sponsored employee welfare or retirement plan(s) that are required to be bonded by ERISA.  
 \_\_\_\_\_  
 \_\_\_\_\_

**POLICY COVERAGE DETAILS**

(Check each coverage that is to apply and select a limit and deductible.)

- Employee Theft**  
 Limit \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000 Other-Specify \_\_\_\_\_  
 Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 Other-Specify \_\_\_\_\_
- Forgery or Alteration**  
 Limit \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000 Other-Specify \_\_\_\_\_  
 Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 Other-Specify \_\_\_\_\_
- Inside the Premises - Theft of Money and Securities**  
 Limit \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000 Other-Specify \_\_\_\_\_  
 Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 Other-Specify \_\_\_\_\_
- Inside the Premises - Robbery or Safe Burglary of other Property**  
 Limit \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000 Other-Specify \_\_\_\_\_

Deductible: \$1,000    \$2,500    \$5,000    \$10,000    \$25,000    Other-Specify \_\_\_\_\_

**Outside the Premises**

Limit \$50,000    \$100,000    \$250,000    \$500,000    \$1,000,000    Other-Specify \_\_\_\_\_

Deductible: \$1,000    \$2,500    \$5,000    \$10,000    \$25,000    Other-Specify \_\_\_\_\_

**Computer Fraud**

Limit \$50,000    \$100,000    \$250,000    \$500,000    \$1,000,000    Other-Specify \_\_\_\_\_

Deductible: \$1,000    \$2,500    \$5,000    \$10,000    \$25,000    Other-Specify \_\_\_\_\_

**Money Orders and Counterfeit Paper Currency**

Limit \$50,000    \$100,000    \$250,000    \$500,000    \$1,000,000    Other-Specify \_\_\_\_\_

Deductible: \$1,000    \$2,500    \$5,000    \$10,000    \$25,000    Other-Specify \_\_\_\_\_

**Guests' Property - Safe Depository**

**Guests' Property - Premises**

**Funds Transfer Fraud**

Limit \$50,000    \$100,000    \$250,000    \$500,000    \$1,000,000    Other-Specify \_\_\_\_\_

Deductible: \$1,000    \$2,500    \$5,000    \$10,000    \$25,000    Other-Specify \_\_\_\_\_

**NOTICE TO ARKANSAS APPLICANTS:** "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."

**NOTICE TO COLORADO APPLICANTS:** "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 AUTHORITIES."

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** "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."

**NOTICE TO FLORIDA APPLICANTS:** "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 IN THE THIRD DEGREE."

**NOTICE TO KENTUCKY APPLICANTS:** "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."

**NOTICE TO LOUISIANA APPLICANTS:** "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."

**NOTICE TO MAINE APPLICANTS:** "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 A DENIAL OF INSURANCE BENEFITS."

**NOTICE TO NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO NEW MEXICO APPLICANTS:** "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."

**NOTICE TO NEW YORK APPLICANTS:** "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, 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."

**NOTICE TO OHIO APPLICANTS:** "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."

**NOTICE TO OKLAHOMA APPLICANTS:** "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" (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** "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."

**NOTICE TO TENNESSEE APPLICANTS:** "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."

**NOTICE TO VIRGINIA APPLICANTS:** "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."

**The undersigned authorized officer/manager of the applicant declares that the statements set forth herein are true. The undersigned authorized officer/manager agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance**

**Signing of this application does not bind the applicant or the insurer to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued.**

**All written statements and materials furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.**

Signed \_\_\_\_\_  
(Applicant)

Date \_\_\_\_\_

Title \_\_\_\_\_

(Must be signed by Chairman of the Board or President)

Corporation \_\_\_\_\_

(Corporate Seal)

Attest \_\_\_\_\_

Broker \_\_\_\_\_

Address \_\_\_\_\_