

CRIME & FIDELITY COVERAGE SECTION QUESTIONNAIRE

Please answer all questions and submit the requested information:

I. General Information

Name of Applicant	
Address	
Website Address	
Date of Formation	
Description of Operations	
Type of Organization	<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Not for Profit <input type="checkbox"/> Governmental

Please list all Subsidiaries for which coverage is requested:

Check here if none: ☐

(Please attach a separate sheet, if necessary)

Name	Nature of Business	Date Acquired or Created	Percentage Owned	Domiciled State or Country

II. Coverage Requested

Effective Date: _____

Insuring Agreement	Limit	Deductible
A. Employee Theft	\$	\$
B. Forgery or Alteration	\$	\$
C. Inside the Premises – Loss of Money and Securities	\$	\$
D. Inside the Premises – Robbery or Safe Burglary of Other Property	\$	\$
E. Outside the Premises	\$	\$
F. Computer Fraud and Funds Transfer	\$	\$
G. Money Orders and Counterfeit Money	\$	\$
H. Credit, Debit, Charge Card Forgery	\$	\$
I. Clients' Property	\$	\$
J. Investigative Expense Incurred to Establish Amount of Covered Loss	\$	\$

- a) Have any of the Applicant's prior carriers cancelled or indicated an intent to not offer renewal terms?

(Note: Not applicable to Missouri Applicants)

☐ YES ☐ NO ☐ N/A

III. Crime Questionnaire

a) Loss History:

- i. Has the Applicant or any proposed Insured sustained any crime-related losses in the past five (5) years?
(whether or not covered by insurance) ☐ YES ☐ NO

Date of Loss	Type/Description of Loss	Loss Amount	Recovery Amount	Claim Status (Open/Closed)
		\$	\$	
		\$	\$	

- ii. Recovery Source, if applicable: _____

- iii. Remedial Action Taken: _____
(Please attach a separate sheet, if necessary)

b) Financial Information:

	Current Year	Previous Year
Total Assets	\$	\$
Total Liabilities	\$	\$
Total Revenues	\$	\$
<input type="checkbox"/> Net Income; or	\$	\$
<input type="checkbox"/> Net Loss		

- i. Has the Applicant experienced any mergers or acquisitions within the past year, or does it anticipate experiencing activity in the next 12 months? ☐ YES ☐ NO

- a. If yes, please provide additional details: _____
(Please attach a separate sheet, if necessary)

c) Exposure Information:

- i. Maximum amount of Money exposure **Inside:** \$_____ and **Outside:** \$_____ the Premises

Employee Count	Current Year	Previous Year
U.S. Domiciled		
Non-U.S. Domiciled		
Average/ Estimated number of employees who handle, have access to or maintain records of Money, Securities or Other Property		
Independent Contractors (if coverage desired)		
Volunteers		
Location Count	Current Year	Previous Year
U.S. Domiciled		
Non-U.S. Domiciled		

- ii. For any Non-U.S. Domiciled operations, please provide the following information:
(Please attach a separate sheet, if necessary)

Country	Description of Operations	Employee Count	Revenues
			\$
			\$
			\$

d) Audit and Internal Controls:

	Yes	No	Details / Alternative Controls
Do you have an Internal Audit Department?			
Are financial statements audited or reviewed annually by an independent public accountant?			
Were any material weaknesses or significant deficiencies identified in any of the last four (4) quarters and/or at the last fiscal year end?			If yes, please provide details with Management's Response:
Are all bank accounts actively reconciled on a monthly basis?			
Are bank reconcilers prohibited from handling deposits and making/authorizing withdrawals?			

i. Employment Screening, where permissible (*check all that apply*):

☐ Credit Checks ☐ Criminal Checks ☐ Drug Testing

ii. Disbursements (*check all that apply*):

☐ Checks Countersigned ☐ Dual Authorization Required ☐ Owner Authorizes

iii. Vendor Management (*check all that apply*):

☐ Background Checks ☐ Authorized Master Vendor List ☐ Duties Segregated

iv. Inventory Management (*check all that apply*):

☐ Annual Physical Count ☐ Perpetual Inventory System ☐ Other: _____

v. Are internal controls designed to prevent one individual from handling any single transaction from origination to completion?

☐ YES ☐ NO

e) Computer and Funds Transfer Controls:

Wire Transfer Details	Domestic	International
Daily Average Wire Count		
Daily Average Amount Transferred	\$	\$
Maximum Amount Transferred	\$	\$

i. Are all wire transfers subject to Initiation, Approval, and Release procedures, and are these steps completed by two or more authorized individuals?

☐ YES ☐ NO

ii. Is a call-back, email, text or similar notification process in place within 24 hours for all electronic transfers of funds?

☐ YES ☐ NO

iii. Does the notification go to an individual not involved in the Initiation, Approval or Release process of any wire transfers, ACH or similar transaction?

☐ YES ☐ NO

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INSURANCE COMPANIES

- iv. For any change requests, including changes to the payee bank and payee account number, does the Applicant speak directly to the requesting party, either in person or by dialing a previously established phone number, to confirm the request's authenticity? ☐ YES ☐ NO
- v. Are employees provided guidance and annual anti-fraud training concerning the detection of Phishing and other social engineering scams? ☐ YES ☐ NO
- vi. Is firewall technology utilized at all Internet points-of-presence to thwart unauthorized access? ☐ YES ☐ NO
- vii. Is antivirus software enabled and regularly updated on all desktop computers? ☐ YES ☐ NO
- viii. Are the aforementioned Audit/Internal/Vendor/Inventory/Computer/Funds Transfer controls applicable to any Non-U.S. Domiciled locations? ☐ YES ☐ NO ☐ N/A
- a. If no, please describe any control system differences: _____
(Please attach a separate sheet, if necessary)

iv. Declaration and Signature

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE IS MAKING THE REPRESENTATIONS IN THIS QUESTIONNAIRE ON BEHALF OF THE COMPANY AND ALL ENTITIES OR PERSONS PROPOSED FOR COVERAGE UNDER THE POLICY.

Signature: _____

Name/Title: _____

Date: _____

PRODUCER (Insurance Agent or Broker)	INSURANCE AGENCY OR BROKERAGE
INSURANCE AGENCY TAXPAYER I.D. OR SOCIAL SECURITY NO.	AGENT/BROKER LICENSE NO.