



BRYANT SURETY BONDS, INC.

73 Old Dublin Pike, Suite 10 #306, Doylestown, PA 18901
Phone:(866) 450-3412, Fax:(866) 450-3414

Bond # _____

APPLICATION FOR A COMMERCIAL CRIME POLICY FOR MERCANTILE ENTITIES

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

Agent _____ Agency _____

License Number _____ City/State _____

Application is hereby made by _____

(List all Insureds, including Employee Benefit Plans)

Principal Address _____
(No.) (Street) (City) (State) (Zip Code)

for a **Commercial Crime Policy** with:

<u>Coverage Forms</u>	<u>Limit of Insurance</u>
Coverage Form A - Employee Dishonesty - Blanket <input type="checkbox"/>	\$ _____
Coverage Form A - Employee Dishonesty - Schedule <input type="checkbox"/> (see Item 8 on page 4)	
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): Annual , Three year prepaid , Three equal annual installments , Other _____

1. DESCRIPTION OF YOUR ORGANIZATION:

- (a) Are you a (check the appropriate box): Proprietorship , Partnership , Corporation
- (b) Date your business was established _____
- (c) Classify your predominant activity (check the appropriate box): Manufacturer , Processor , Wholesaler , Distributor , Retailer , Servicer , Other _____
- (d) Describe the products or services of your predominant business or activity _____
- (e) Has there been any change in ownership or management within the past three years? Yes No
If "yes", explain _____

2. 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 directly to the proprietor, partners if a partnership or Board of Directors if a corporation? Yes No
- (f) Date of completion of last audit of: cash and accounts _____ inventory _____
- (g) Were any discrepancies or loose practices commented upon in the audit? Yes No
If "Yes", submit a copy of the audit and auditor's comments _____
- (h) 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", are the reports rendered directly to the proprietor, partners if a partnership or Board of Directors if a corporation? Yes No

3. INTERNAL CONTROL (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 _____

4. 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	If Loss occurred at other than Head Office, state location
		\$	\$	\$	\$	

5. RATING DATA FOR COVERAGE FORM A-BLANKET AND B:

- (a) Classification of Employees:

(1) Number of Officers _____

(2) List below the number of employees in the following classifications:

<u>No. of</u>	<u>No. of</u>	<u>No. of</u>
_____ Accountants and Asst. Accountants	_____ Custodians	_____ Refinery Gaugers of Oil Companies
_____ Adjusters	_____ Delivery Persons	_____ handling refined gasoline and oils.
_____ Administrators and Asst. Administrators	_____ Demonstrators	_____ Salespeople
_____ Appraisers and Clerks acting as Appraisers	_____ Detectives	_____ Security Personnel
_____ Attorneys	_____ Dieticians who order food	_____ Service Station Attendants
_____ Auditors and Asst. Auditors	_____ Drivers and Drivers' Helpers	_____ Shipping Clerks
_____ Bookkeepers	_____ Floor Walkers	_____ Stewards/esses who order food
_____ Bursars and Asst. Bursars	_____ Food Inspectors	_____ Stock Clerks
	_____ Head Pharmacists	_____ Storekeepers
_____ Bus Drivers	_____ Instructors having custody of money or securities	_____ Storeroom Personnel
_____ Buyers and Asst. Buyers	_____ Janitors	_____ Superintendents and Asst. Superintendents
_____ Canvassers (door-to-door Salespeople)	_____ Ledger Keepers	_____ Supervisors and Asst. Supervisors
_____ Cashiers and Asst. Cashiers	_____ Locker Room Attendants	_____ Taxi Drivers
_____ Chairpersons		
_____ Chauffeurs	_____ Maitre d's and Asst. Maitre d's	_____ Teachers having custody of money or securities
_____ Checkers, food and beverage	_____ Managers and Asst. Managers	_____ Timekeepers and Asst. Timekeepers
_____ Chefs who order food	_____ Medical Directors	_____ Truck Drivers
_____ Collectors	_____ Messengers, outside	_____ Warehouse Personnel
_____ Computer Programmers	_____ Meter Readers who collect	_____ Wine Cellar Personnel
_____ Comptrollers and Asst. Comptrollers	_____ Payroll Distributors	_____ Wine Stewards/esses
_____ Credit Clerks and Managers	_____ Professors having custody of money or securities	_____ All other employees not listed above who handle, have custody of maintain records of money, securities or other property
	_____ Purchasing Agents & Asst. Purchasing Agents	
	_____ Receiving Clerks	

(cont'd)

(3) Number of all other employees _____

5. RATING DATA FOR COVERAGE FORMS A - BLANKET AND B:

(b) Number of additional locations other than the head office _____
(For manufacturers, processors, wholesalers or distributors show only additional retail locations.)

(c) Deductibles: Deductible Amount

(1) Coverage Form A - Blanket.

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 \$ _____

6. COVERAGE AMENDMENTS (ENDORSEMENTS) - COVERAGE FORM A - BLANKET:

(a) If insurance is desired on any of your appointed or elected agents, whether they be persons, partnerships or corporations performing any act or service in connection with the ordinary conduct of your business, complete the following:

<u>Capacity in Which Each Agent Serves</u>	<u>Limit of Insurance</u>
_____	\$ _____
_____	_____
_____	_____
_____	_____

(b) If insurance is desired on any of your partners, list names below:
Name(s)

(c) If Insurance is desired on workers leased to you under a written agreement with a labor leasing firm (other than temporary help hired to substitute for permanent employees on leave, or to meet seasonal or short term workload conditions), complete the following:

<u>Name of Labor Leasing Firm</u>	<u>No. of Leased Workers</u>
_____	_____
_____	_____
_____	_____

(d) 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>
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(cont'd)

(e) 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 Position(s) (City and State)	No. of Employees Each Position	

7. COVERAGE AMENDMENTS (ENDORSEMENTS) COVERAGE FORM B

If insurance is desired, complete the following:

(a) 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

_____ \$ _____

(b) Warehouse Receipts:

Covered instruments (check the appropriate box) include or are limited to warehouse receipts and withdrawal orders

\$ _____

(c) Personal Accounts of your officers or partners, list names below:

Name(s)

\$ _____

8. RATING DATA FOR COVERAGE FORM A - SCHEDULE:

If insurance is 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			Limit of Insurance Each Employee	Deductible Amount
	Name(s) of Covered Employee(s)	Title(s) of Covered Position(s)	Location of Covered Positions(s)	No. of Employees Each Position		
					\$	\$

9. The present officers, employees, agents and partners of the Insured, 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 officers, employees, agents or partners 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 _____

By _____
(Name and Title)

(Insured)