



UNDERWRITTEN IN NORTHWEST PACIFIC INDEMNITY COMPANY

1. GENERAL INFORMATION

Parent Organization _____

Address _____

State of Incorporation _____ Date Established _____

Nature of Business _____

2. MATERIAL CHANGE

Signing of this application does not bind the **Parent Organization** or the Company. If there is any material change in the answers to the questions prior to the policy inception date the **Parent Organization** will notify the Company in writing and any outstanding quotation may be modified or withdrawn.

If Kidnap/Ransom and Extortion Coverage is the only coverage being requested, please complete Sections 3, 8 and 9 only.

3. UNDERWRITING INFORMATION

	Number of Locations	Sales or Revenues	Class I Employees	All Other Employees
U.S.	_____	_____	_____	_____
Canadian	_____	_____	_____	_____
Other	_____	_____	_____	_____
Total	_____	_____	_____	_____

Class I Employees

For the purposes of premium computation Class I **Employees** include management positions (president, comptroller, sales managers etc.) and other employees who have access to money, securities and/or other property, (cashiers, bookkeepers, shipping clerks, etc.)

4. COVERAGE REQUESTED

Coverage	Limits Requested
Crime	\$ _____
Kidnap/Ransom and Extortion	\$ _____

5. POLICY PERIOD REQUESTED

From _____ to _____ both days at 12:01 a.m. at the principal address of the **Parent Organization**.

8. SUBSIDIARIES

Do you want to include all subsidiaries? Yes No. **Attach a list of subsidiaries to be covered including the following information: nature of business, % owned, date acquired or created.**

7. PARTNERSHIPS

Does the **Parent Organization**, a subsidiary or any director or officer presently act in the capacity of general partner in a limited or general partnership? Yes No. **If yes, attach details.**

8. EMPLOYEES OUTSIDE U.S. OR CANADA

Country	Number of Employees	Number of Locations	Type of Operations
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	_____	_____	_____

9. LOSS EXPERIENCE

List all employee theft, burglary, robbery, forgery, kidnap/ransom and extortion losses discovered by the **Insured** in the last 6 years, itemizing each loss separately: Check if none

Date of Loss	Total Amount*
_____	_____
_____	\$ _____
_____	\$ _____
_____	\$ _____

*Please attach details of all losses and disclose that part of any loss covered by insurance as well as any additional amount incurred by the **Insured**.

INTERNAL CONTROLS PRACTICED

10. AUDITS

Are the books audited by an Independent CPA? Yes No. If yes, by whom? _____
How often? _____

Please attach a copy of the latest audited financial statements.

Are these audits complete and unqualified? Yes No. If no, describe the limitations: _____

Are these audits made for each entity to be covered? Yes No. If no, explain: _____

If an independent C.P.A. is not retained, who is responsible for auditing the books? _____

Briefly explain the scope and limitations of such audit. _____

Does the audit include all locations? Yes No.

11. INVENTORY CONTROL

Is a complete inventory made with physical check of stock and equipment? Yes No. If yes, by whom? _____
How often? _____

12. BANK ACCOUNT CONTROL

Do the employees who reconcile the monthly bank statements also either:

- a. sign checks? Yes No.
- b. handle deposits? Yes No.
- c. have access to check signing machines or signature plates? Yes No.

It is inadvisable for the reconciliation to be done by an employee who also signs checks, handles deposits or who has access to check signing machines or signature plates because under such circumstances losses may be concealed.

If any answer above is yes, will you correct this weakness? Yes No.

Is countersignature of checks required? Yes No. Over what limit? _____

13. COMPUTER CONTROL

Are pre-authorization controls maintained for all programmers and operators? Yes No.

Are the duties of programmers and operators separated? Yes No.

Is the output reconciled by persons who do not prepare or process the input? Yes No.

Do audit practices include "tests" to detect unauthorized programming changes? Yes No.

Are computerized check writing operations segregated from departments that authorize checks? Yes No.

14. SECURITIES

State the value of negotiable securities owned or held. (If none, so state.) _____

Where are the securities kept? _____

If safe deposit boxes are used, has the bank been instructed to require that 2 individuals be present before entry to any box is permitted? Yes No. If not, identify by name and position those having access. _____

15. PRECIOUS METALS

Is there an exposure of precious metals or stones (such as gold, silver, copper, platinum, industrial diamonds or similar high-value materials)? Yes No. If yes, attach a separate listing of exposures, identify each location, describe security controls and state a maximum value at each location.

16. EMPLOYEE BENEFIT PLANS

Attach a separate sheet listing the names of employee benefit plans required to be bonded by Title 1 of the Employee Retirement Income Security Act for which coverage is requested.

If no plans are to be covered, so state: _____

17. MONEY, SECURITIES & PAYROLL EXPOSURES

What is the maximum amount at any one location:

- a. money _____
- b. checks \$ _____
- c. negotiable securities \$ _____

What is the maximum amount transported from any one location by a method other than an armored motored vehicle?

- a. money \$ _____
- b. checks \$ _____
- c. negotiable securities \$ _____

Please attach details of security controls for any location with significant cash exposure.

18. PREVIOUS CRIME INSURANCE

Insurer	Limits	Deductible	Policy Period
_____	\$ _____	\$ _____	_____

19. FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

20. DECLARATION AND SIGNATURE

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

This section of the application must be signed by the Risk Manager or other person responsible for purchasing insurance.

Date

Signature

Title