

ACORD™ CRIME SECTION

DATE (MM/DD/YYYY)

| | | | | | |
|---------------------|--------------------------|------------------------------------|-----------------|----------------------------|-----------------------------|
| AGENCY | PHONE (A/C, No, Ext): | APPLICANT (First Named Insured) | | | |
| | | EFFECTIVE DATE | EXPIRATION DATE | DIRECT BILL AGENCY BILL | PAYMENT PLAN |
| CODE: | SUB CODE: | FOR COMPANY USE ONLY | | | BASIS FOR COVERAGE |
| AGENCY CUSTOMER ID: | | | | | DISCOVERY LOSS SUSTAINED |

PLAN 1

| FORM LTR | FORM TITLE | LIMIT | DEDUCTIBLE | FORM LTR | FORM TITLE | LIMIT | DEDUCTIBLE | |
|----------------------------|--|-------|----------------------------------|--|----------------------------------|----------------|------------|--|
| A | EMPLOYEE DISHONESTY | | | E | PREMISES BURGLARY | \$ | | |
| | <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE | \$ | | | F | COMPUTER FRAUD | \$ | |
| | ERISA | | | | G | EXTORTION | | |
| TOTAL ASSET VALUE \$ _____ | \$ | | (Ins Loss Participation _____ %) | | | \$ | | |
| B | FORGERY OR ALTERATION | \$ | | H | PREMISES THEFT & ROBBERY OUTSIDE | | | |
| C | THEFT, DISAPPEARANCE & DESTRUCTION | | | | SEC 1 - THEFT | \$ | | |
| | SEC 1 - INSIDE THE PREMISES | \$ | | | SEC 2 - ROBBERY OUTSIDE | \$ | | |
| | SEC 2 - OUTSIDE THE PREMISES | \$ | | <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE | | | | |
| D | ROBBERY & SAFE BURGLARY | \$ | | Q | ROBBERY & SAFE BURGLARY | | | |
| | SEC 1 - INSIDE: ROBBERY OF CUSTODIANS SAFE BURGLARY | \$ | | | MONEY & SECURITIES | \$ | | |
| | SEC 2 - OUTSIDE THE PREMISES | \$ | | | SEC 1 - INSIDE THE PREMISES | \$ | | |
| | <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE | | | SEC 2 - OUTSIDE THE PREMISES | \$ | | | |
| | | | | <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE | | | | |

COVERAGE AMENDMENTS (Endorsements)

| |
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| |
|--|

ERISA EMPLOYEE DISHONESTY - ADDITIONAL INFORMATION (Coverage Form A)

| | | | |
|---|-------------------|---|-----------------------------|
| NAME OF PLAN | PRINCIPAL ADDRESS | NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS | NUMBER OF PLAN PARTICIPANTS |
| | | | |
| IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)? | | YES | NO |

CLASSIFICATION OF EMPLOYEES/LOCATIONS (Coverage Forms A & B)

LIST ALL OFFICERS AND EMPLOYEES (Including those construed to be employees by endorsement), OTHER THAN AGENTS AND PARTNERS, WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY, INCLUDING, IN ANY EVENT, THE POSITIONS LISTED BELOW:

| NUMBER OF: | NUMBER OF: | NUMBER OF: | NUMBER OF: |
|--|---|---|---|
| ACCOUNTANTS AND ASSTS | COLLECTORS | LOCKER ROOM ATTENDANTS | STOCK CLERKS |
| ADJUSTERS | COMPUTER PROGRAMMERS | MAITRE D'S AND ASSTS | STOREKEEPERS |
| ADMINISTRATORS AND ASSTS | COMPTROLLERS AND ASSTS | MANAGERS AND ASSTS | STOREROOM PERSONNEL |
| APPRAISERS AND CLERKS ACTING AS APPRAISERS | CREDIT CLERKS AND MANAGERS | MEDICAL DIRECTORS | SUPERINTENDENTS AND ASSTS |
| ATTORNEYS | CUSTODIANS | MESSENGERS, OUTSIDE | SUPERVISORS AND ASSTS |
| AUDITORS AND ASSTS | DELIVERY PERSONS | PAYROLL DISTRIBUTORS | TAXI DRIVERS |
| BOOKKEEPERS | DEMONSTRATORS | PURCHASING AGENTS AND ASSTS | TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES |
| BUS DRIVERS | DIETITIANS WHO ORDER FOOD | RECEIVING CLERKS | TIMEKEEPERS AND ASSTS |
| BUYERS AND ASSTS | DRIVERS AND DRIVERS' HELPERS | REFINERY GAUGERS OF OIL COMPANIES HANDLING REFINED GASOLINE AND OILS | TRUCK DRIVERS |
| CANVASSERS (Door-to-door salespeople) | FOOD INSPECTORS | SALESPeOPLE | WAREHOUSE PERSONNEL |
| CASHIERS AND ASSTS | HEAD PHARMACISTS | SECURITY PERSONNEL | WINE CELLAR PERSONNEL |
| CHAIRPERSONS | INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES | SERVICE STATION ATTENDANTS | WINE STEWARDS/ESSES |
| CHEFS WHO ORDER FOOD | JANITORS | SHIPPING CLERKS | ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED ABOVE |
| NUMBER OF OFFICERS: | TOTAL NUMBER OF OTHER EMPLOYEES: | MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS: | ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES: |

CONTROLS (Coverage Form A)

| | | | |
|--|--|-----------------|--|
| AUDIT | 1. IS THERE AN AUDIT BY? <input type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT | BANKING / OTHER | 5. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER: | | 6. IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS? <input type="checkbox"/> |
| | 2. AUDIT FREQUENCY? <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL | | 7. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES? <input type="checkbox"/> |
| | <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER: | | 8. ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS? <input type="checkbox"/> |
| 3. DOES AUDIT INCLUDE INVENTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 4. AUDIT REPORT IS RENDERED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNERS | | | |
| <input type="checkbox"/> BOARD OF DIRECTORS <input type="checkbox"/> OTHER: | | | |

MONEY - SECURITIES (Coverages Forms C or Q - Blanket Coverage, By Locations)

ENTER THE EXPOSURES FOR EACH CATEGORY. AMOUNTS ENTERED SHOULD BE MAXIMUM EXPOSURE.

| TYPE | MONEY | CHECKS FOR DEPOSIT | CHECKS FOR ACCOUNTS PAYABLE | PAYROLL CHECKS | MONEY OVERNIGHT | SECURITIES (IN BANK/SAFE DEPOSIT) |
|--------------|-------|--------------------|-----------------------------|----------------|-----------------|-----------------------------------|
| INSIDE | \$ | \$ | \$ | \$ | \$ | \$ |
| MESSENGER #1 | \$ | \$ | \$ | \$ | \$ | |
| MESSENGER #2 | \$ | \$ | \$ | \$ | \$ | |

PROPERTY (Coverage Forms D, E, & H)

| DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC | MAXIMUM VALUE |
|--|---------------|
| | |

GENERAL INFORMATION (All Coverage Forms Except A & B)

| BUSINESS HOURS | AVG # EMPLOYEES ON DUTY | CHECKS STAMPED FOR DEPOSIT ONLY | FREQUENCY OF DEPOSITS | NIGHT DEPOSITORY USED | ANNUAL GROSS SALES OR RECEIPTS FOR LAST FISCAL YEAR | DOES PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS? YES NO | | OTHER INFORMATION |
|----------------|-------------------------|---------------------------------|-----------------------|-----------------------|---|--|--|-------------------|
| | | | | | | | | |

SAFE/VAULT (Coverage Forms C, D & Q)

| MANUFACTURER | LABEL | CLASS | DOOR TYPE | | COMBINATION LOCKS | | | THICKNESS DOOR (EXCL BOLTWORK) | WALL |
|--------------|-------|-------|-----------|--------|-------------------|-------|-------|--------------------------------|------|
| | | | ROUND | SQUARE | OUTER | INNER | CHEST | | |
| | UL | | | | | | | | |
| | SMNA | | | | | | | | |
| | UL | | | | | | | | |
| | SMNA | | | | | | | | |

MESSENGER PROTECTION (Coverage Forms C, D & Q)

| MESS'GR # | # OF GUARDS PER MESSENGER | PRIVATE CONVEYANCE USED? | SAFETY SATCHEL USED? | MESS'GR # | # OF GUARDS PER MESSENGER | PRIVATE CONVEYANCE USED? | SAFETY SATCHEL USED? |
|-----------|---------------------------|--|--|-----------|---------------------------|--|--|
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

PREMISES/SAFE PROTECTION (Coverage Forms C, D, E & H)

| ALARM TYPE | ALARM DESCRIPTION | GRADE | EXTENT OF PROTECTION | | | ALARM INSTALLED AND SERVICED BY | # GUARDS | WATCHPERSONS |
|-----------------------------------|--|----------------------------------|-----------------------------------|----------|---|---|-----------------|--------------|
| | | | SAFE/VAULT | PREMISES | | | | |
| <input type="checkbox"/> HOLD-UP | <input type="checkbox"/> LOCAL GONG | | <input type="checkbox"/> PARTIAL | 1 | 2 | 3 | | RPT/CENT ST |
| <input type="checkbox"/> PREMISES | <input type="checkbox"/> CENTRAL STATION | | <input type="checkbox"/> COMPLETE | | | | # WATCH PERSONS | CLOCK HRLY |
| <input type="checkbox"/> SAFE | <input type="checkbox"/> POLICE CONNECT | | | | | | | DON'T SIGNAL |
| | | ACCESSIBLE OPENINGS & PROTECTION | | | | OTHER PROTECTION (Fences, Floodlights, etc) | | |
| CERTIFICATE NUMBER | | | | | | | | |
| EXPIRATION DATE: | | | | | | | | |

AUDIT PROCEDURES - SAA COMMERCIAL CRIME POLICY

| | | | | | |
|--|-----|----|--|-----|----|
| 1. AUDIT BY CPA, PUBLIC ACCOUNTANT OR EQUIVALENT, INDEPENDENT OF YOUR ORGANIZATION? <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> NONE | YES | NO | 5. IS THE AUDIT REPORT RENDERED DIRECTLY TO THE PROPRIETOR, PARTNERS IF A PARTNERSHIP OR BOARD OF DIRECTORS IF A CORPORATION? | YES | NO |
| 2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT | | | 6. DATE OF COMPLETION OF LAST AUDIT OF: CASH & ACCOUNTS _____ INVENTORY _____ | | |
| 3. ALL LOCATIONS AUDITED? | | | 7. WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? IF "YES", SUBMIT A COPY OF THE AUDIT AND AUDITOR'S COMMENTS. | | |
| 4. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? IF NO, EXPLAIN SCOPE OF AUDIT. | | | 8. IS THERE AN INTERNAL AUDIT BY AN INTERNAL AUDIT DEPARTMENT UNDER THE CONTROL OF AN EMPLOYEE WHO IS A PUBLIC ACCOUNTANT OR EQUIVALENT. IF "YES", ARE THE REPORTS RENDERED DIRECTLY TO THE PROPRIETOR, PARTNERS IF A PARTNERSHIP OR BOARD OF DIRECTORS IF A CORPORATION? | | |

INTERNAL CONTROLS OTHER THAN AUDIT PROCEDURES - SAA COMMERCIAL

| EXPLAIN ALL "NO" RESPONSES IN REMARKS | YES | NO | EXPLAIN ALL "NO" RESPONSES IN REMARKS | YES | NO |
|---|-----|----|--|-----|----|
| 1. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW? | | | 3. ARE SECURITIES SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES? | | |
| 2. IS COUNTERSIGNATURE OF CHECKS REQUIRED? | | | | | |

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY:SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).