

Underwritten by National Casualty Company
Home Office:
Columbus, Ohio 43215
Administrative Office:
8877 North Gainey Center Drive • Scottsdale, Arizona 85258

COMMERCIAL CRIME INSURANCE SUPPLEMENTAL APPLICATION— ADDITIONAL INSURING AGREEMENTS

To be completed and attached to Commercial Crime Insurance Application FC-APP-1 for additional Insuring Agreements.

Name Of Insured (Applicant): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

I. COVERAGE REQUESTED

Complete the following for Insuring Agreements, Limits and Deductibles desired:

Insuring Agreements	Limit Of Insurance	Deductible Amount
Telephone Toll Fraud (Complete Section II.)	\$	\$
Extortion—Government Entities	\$	\$
Destruction Of Electronic Data Or Computer Programs	\$	\$
Unauthorized Reproduction Of Computer Software By Employees (Note: Not available in Kansas)	\$	\$
Identity Fraud Expense	\$	\$
Inside The Premises—Robbery Of A Custodian Or Safe Burglary Of Money And Securities	\$	\$
Inside The Premises—Theft Of Other Property	\$	\$
Inside The Premises—Robbery Of A Watchperson Or Burglary Of Other Property	\$	\$
Employee Theft—Name Or Position Schedule	Complete Section III.E.	
Lessees Of Safe Deposit Boxes	Complete Section III.F.	
Securities Deposited With Others	Complete Section III.G.	
Guests' Property (for insureds providing lodging facilities)	Complete Section III.H.	
Safe Depository (for insureds providing safe deposit box facilities other than financial institutions)	Complete Section III.I.	

II. TELEPHONE CONTROLS

1. List PBX system(s): _____

2. How often are PBX system passwords changed? _____
3. How often are voice mail passwords changed? _____

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4. Do passwords require a combination of alphanumeric characters? Yes No
5. Are invalid password attempts limited? Yes No
If "Yes," how many attempts are allowed? _____
6. Is PBX system monitored to detect abnormal call activity? Yes No

III. COVERAGE AMENDMENTS

A. Extortion Insuring Agreement

1. Exclude From Extortion Coverage Persons Or Property At Designated Premises, list the address of the premises: _____

2. Include Personal Extortion For Named Individuals:

Name(s)

B. Inside The Premises—Robbery Of A Custodian Or Safe Burglary Of Money And Securities Insuring Agreement

1. Exclude Specified Property, list the property to be excluded: _____

2. Exclude Designated Premises, list the address of the premises: _____

3. Extend Premises To Grounds Enclosed By Fence Or Wall, list the address of the premises: _____

4. Extend Premises To Entire Plot Of Ground Under Your Control, list the address of the premises: _____

5. Include Guests' Property Accepted For Safekeeping (entities providing lodging facilities only)?.. Yes No
6. Include Covered Property In Custody Of Designated Agents:

Name(s) Of Agent(s)	Service(s) Performed	Address Of Premises	Limit Of Insurance
			\$
			\$
			\$

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7. Increase Limit Of Insurance For Specified Periods:

Address Of Premises	Designated Period (12:01 AM Standard Time For Each Date)		Increased Limit Of Insurance
	From:	To:	\$
	From:	To:	\$
	From:	To:	\$
	From:	To:	\$

8. Reduce Limit Of Insurance For Designated Premises:

Address Of Premises	Reduced Limit Of Insurance
	\$
	\$
	\$

9. Decrease Limit Of Insurance While Premises Not Open For Business:

Address Of Premises	Decreased Limit Of Insurance
	\$
	\$
	\$

10. Sublimits For Money, Securities Or Checks (other than retail):

Covered Property	Limit Of Insurance
Money	\$
Securities	\$
Checks	\$

C. Inside The Premises—Theft Of Other Property Insuring Agreement

1. Exclude Specified Property, list the property to be excluded: _____

2. Exclude Designated Premises, list the address of the premises: _____

3. Extend Premises To Grounds Enclosed By Fence Or Wall, list the address of the premises: _____

4. Extend Premises To Entire Plot Of Ground Under Your Control, list the address of the premises: _____

5. Include Covered Property In Custody Of Designated Agents:

Name(s) Of Agent(s)	Service(s) Performed	Address Of Premises	Limit Of Insurance
			\$
			\$
			\$

6. Increase Limit Of Insurance For Specified Periods:

Address Of Premises	Designated Period (12:01 AM Standard Time For Each Date)		Increased Limit Of Insurance
	From:	To:	
			\$
			\$
			\$

7. Reduce Limit Of Insurance For Designated Premises:

Address Of Premises	Reduced Limit Of Insurance
	\$
	\$
	\$

8. Increase Limit For Specified Property Subject To Special Limit Of Insurance. To increase the \$5,000 special limit for precious metals, precious or semiprecious stones, pearls, furs, manuscripts, drawings or records:

Property	Limit Of Insurance
	\$

9. Add Property Of Others:

Class Of Persons	Limit Of Insurance	Covered Property
Customers	\$	<input type="checkbox"/> Includes <input type="checkbox"/> Is Limited To
Business Guests	\$	<input type="checkbox"/> Includes <input type="checkbox"/> Is Limited To
Employees	\$	<input type="checkbox"/> Includes <input type="checkbox"/> Is Limited To
Students	\$	<input type="checkbox"/> Includes <input type="checkbox"/> Is Limited To
Visitors	\$	<input type="checkbox"/> Includes <input type="checkbox"/> Is Limited To

D. Inside The Premises—Robbery Of A Watchperson Or Burglary Of Other Property Insuring Agreement

- Exclude Specified Property, list the property to be excluded: _____

- Exclude Designated Premises, list the address of the premises: _____

- Extend Premises To Grounds Enclosed By Fence Or Wall, list the address of the premises: _____

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4. Extend Premises To Entire Plot Of Ground Under Your Control, list the address of the premises: _____

5. Include Covered Property In Custody Of Designated Agents:

Name(s) Of Agent(s)	Service(s) Performed	Address Of Premises	Limit Of Insurance
			\$
			\$
			\$

6. Increase Limit Of Insurance For Specified Periods:

Address Of Premises	Designated Period (12:01 AM Standard Time For Each Date)		Increased Limit Of Insurance
	From:	To:	
			\$
			\$
			\$

7. Reduce Limit Of Insurance For Designated Premises:

Address Of Premises	Reduced Limit Of Insurance
	\$
	\$
	\$

8. Increase Limit For Specified Property Subject To Special Limit Of Insurance. To increase the \$5,000 special limit for precious metals, precious or semiprecious stones, pearls, furs, manuscripts, drawings or records:

Property	Limit Of Insurance
	\$

9. Add Property Of Others:

Class Of Persons	Limit Of Insurance	Covered Property
Customers	\$	<input type="checkbox"/> Includes <input type="checkbox"/> Is Limited To
Business Guests	\$	<input type="checkbox"/> Includes <input type="checkbox"/> Is Limited To
Employees	\$	<input type="checkbox"/> Includes <input type="checkbox"/> Is Limited To
Students	\$	<input type="checkbox"/> Includes <input type="checkbox"/> Is Limited To
Visitors	\$	<input type="checkbox"/> Includes <input type="checkbox"/> Is Limited To

E. Employee Theft—Name Or Position Schedule Insuring Agreement

1. Name Schedule Coverage:

Name(s) Of Covered Employee(s)	Limit Of Insurance— Each Employee	Deductible Amount— Each Employee
	\$	\$
	\$	\$
	\$	\$

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2. Position Schedule Coverage:

Title(s) Of Covered Position(s)	Location	Number Of Employees— Each Position	Limit Of Insurance— Each Employee	Deductible Amount— Each Employee
			\$	\$
			\$	\$
			\$	\$

3. Add Faithful Performance of Duty Coverage?..... Yes No

F. Lessees Of Safe Deposit Boxes Insuring Agreement

1.

Name Of Depository	Address	Limit Of Insurance		Deductible Amount	
		Securities	Other Property	Securities	Other Property
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

2. Include Securities Held By A Depository In Trust?..... Yes No

Designation Of Safe Deposit Boxes

3. Include Bulky Property:

Covered Property	Limit of Insurance
	\$

G. Securities Deposited With Others Insuring Agreement

	Address Of Premises	Limit Of Insurance	Deductible Amount
Name Of Custodian:		\$	\$
Name Of Depository:		\$	\$
Name Of Custodian:		\$	\$
Name Of Depository:		\$	\$

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H. Guests' Property Insuring Agreement

1. For Guests' Property—In Safe Deposit Boxes:

Address Of Premises	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$
	\$	\$
	\$	\$

2. For Guests' Property—Inside The Premises:

Address Of Premises	Limit Of Insurance		Deductible Amount Per Occurrence
	Per Guest	Per Occurrence	
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

- 3. Increase Limit Of Insurance Per Guest: \$ _____
- 4. Include Damage From Food Or Liquid? Yes No
- 5. Include Property In Custody Of Laundry Or Cleaner? Yes No
- 6. Include Property Of Guests Occupying Leased Lodging Accommodations? Yes No
- 7. Include Samples Or Articles Carried Or Held For Sale Or Delivery? Yes No

I. Safe Depository Insuring Agreement

1. Loss of Customers' Property—In Safe Deposit Boxes:

Address Of Premises	Limit Of Insurance	Deductible Amount
	\$	\$
	\$	\$
	\$	\$

2. For Robbery Or Burglary Of Customers' Property—Premises Damage:

Address Of Premises	Limit Of Insurance	Deductible Amount
	\$	\$
	\$	\$
	\$	\$

3. Include Money For Full Or Partial Limit Of Insurance Under Robbery Or Burglary Of Customers' Property—Premises Damage:

Address Of Premises	Limit Of Insurance
	\$
	\$
	\$

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FRAUD WARNING: 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 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 MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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.

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NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK FRAUD WARNING: 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 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.

Person Authorized To Complete This Application For The Insured (Applicant)

NAME (PRINT): _____

SIGNATURE: _____ DATE: _____

TITLE: _____

Producer Information (Required in Florida, Iowa and New Hampshire)

PRODUCER NAME (PRINT): _____

PRODUCER SIGNATURE: _____ DATE: _____

AGENCY NAME: _____

AGENCY CODE: _____

LICENSE NUMBER: _____

