

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— COVERAGE AMENDMENTS

To be attached to Commercial Crime Insurance Application CR A 040 for including additional coverage amendments.

Name of Insured (Applicant): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

I. COVERAGE AMENDMENTS

Complete the following for coverage desired:

- | A. Employee Theft Insuring Agreement | Limit Of Insurance |
|--|---------------------------|
| 1. Include Expenses Incurred To Establish Amount Of Covered Loss: | \$ _____ |
| 2. Add Faithful Performance Of Duty (Labor Unions and Fraternal Orders only): | \$ _____ |
| 3. Add Trading: | \$ _____ |
| 4. Add Warehouse Receipts: | \$ _____ |
| 5. ERISA Inflation Guard: <input type="checkbox"/> Yes <input type="checkbox"/> No | N/A |
| 6. Include Virtual Currency As Money (Complete Section II.): | \$ _____ |
| 7. Include Designated Agents As Employees (Appointed by the Applicant in writing): | |

Name(s) Of Agent(s)	Services Performed	Limit Of Insurance
		\$
		\$
		\$

8. Include Computer Software Contractors As Employees (While performing services for the Applicant under a written agreement):

Name(s) Of Contractor(s)	Services Performed	Limit Of Insurance
		\$
		\$
		\$

9. Include Members As Employees (Limited Liability Companies only):

Name(s) Of Member(s)	Name(s) Of Member(s)

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10. Include Partners As Employees:

Name(s) Of Partner(s)	Name(s) Of Partner(s)

11. Blanket Excess Limit Of Insurance For Specified Joint Insured(s):

Name(s) Of Joint Insured(s)	Number Of Employees	Number Of Premises	Blanket Excess Limit Of Insurance
			\$
			\$
			\$

12. Excess Limit Of Insurance For Specified Employees Or Positions:

- a. Add Schedule Excess Limit Of Insurance For Specified Employees Or Positions

Note: Use this endorsement when providing excess Faithful Performance Of Duty Coverage (for Labor Unions and Fraternal Orders only)

- b. Add Schedule Excess Limit Of Insurance For Specified Employees Or Positions For Employee Theft Only

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)	Number Of Employees— Each Position	
				\$
				\$
				\$

B. Forgery Or Alteration Insuring Agreement

1. Include Personal Accounts Of Specified Persons:

Name(s) Of Person(s)	Limit Of Insurance
	\$
	\$
	\$

2. Add Credit, Debit Or Charge Card Forgery:

- Includes covered instruments Is limited to covered instruments

Limit of Insurance: \$ _____

Number of cardholders: _____

3. Add Warehouse Receipts Forgery:

- Includes covered instruments Is limited to covered instruments

Limit of Insurance: \$ _____

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C. Inside The Premises—Theft 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
			\$
			\$
			\$

7. Increase Limit Of Insurance For Specified Periods:

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

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

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

D. Inside The Premises—Robbery Or Safe Burglary 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 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
			\$
			\$
			\$

7. Increase Limit Of Insurance For Specified Periods:

Address Of Premises	Designated Period (12:01 AM 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. 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
	\$

11. Add Property Of Others:

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

E. Outside The Premises Insuring Agreement

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

2. Limit Coverage For Money And Securities Outside The Premises To Robbery Only:..... Yes No

3. Include Covered Property In Custody Of Designated Agents:

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

4. Increase Limit Of Insurance For Specified Periods:

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

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

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

6. Increase Limit For Specified Property 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
	\$

F. Computer And Funds Transfer Fraud Insuring Agreement

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

2. Increase Limit For Specified Property Subject To Special Limit Of Insurance. To increase the \$5,000 special limit for manuscripts, drawings or records:

Property	Limit Of Insurance
	\$

3. Include Expenses Incurred To Establish Amount Of Covered Loss:

Limit of Insurance: \$ _____

4. Include Virtual Currency As Money (Complete Section II.):

Limit of Insurance: \$ _____

II. VIRTUAL CURRENCY CONTROLS

1. Does the Applicant perform transactions in virtual currency? Yes No
 If "Yes," list the name(s) of the virtual currency and the virtual currency exchange(s):

Name(s)	Exchange(s)

2. Does the Applicant have a wallet and is it encrypted? Yes No

3. Is the wallet backed up on a periodic basis? Yes No
 If "Yes," how often: _____

4. Does the Applicant use a third-party currency payment processor?..... Yes No
 If "Yes," please provide the name of the processor: _____

5. Does the Applicant have a detection system in place to authenticate virtual currency transactions? Yes No



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: _____

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