

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

GOVERNMENT CRIME INSURANCE SUPPLEMENTAL APPLICATION— ADDITIONAL INSURING AGREEMENTS

To be completed and attached to Government Crime Insurance Application CR A 050 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)	\$	\$
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.	
Securities Deposited With Others	Complete Section III.F.	

II. TELEPHONE CONTROLS

1. List PBX system(s): _____

2. How often are PBX system passwords changed? _____
3. How often are voice mail passwords changed? _____
4. Do passwords require a combination of alpha/numeric 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

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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 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 For Each Date)		Increased Limit Of Insurance
	From:	To:	
	From:	To:	\$
	From:	To:	\$
	From:	To:	\$

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7. Reduce Limit Of Insurance For Designated Premises:

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

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

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

9. 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 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"/> 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

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: _____

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

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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 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"/> 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. 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. 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:		\$	\$

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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