

GOVERNMENT CRIME INSURANCE SUPPLEMENTAL APPLICATION— COVERAGE AMENDMENTS

To be attached to Government Crime Insurance Application CR A 050 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—Per Loss or Employee Theft—Per Employee

Insuring Agreements

Limit Of Insurance

1. Employee Theft Coverage Excess Over A Statutory Bond Requirement: Yes No _____ N/A
2. Include Expenses Incurred To Establish Amount Of Covered Loss:\$ _____
3. Add Trading:\$ _____
4. Include Virtual Currency As Money (Complete Section II.):\$ _____
5. Include Designated Agents As Employees (Appointed by the Applicant in writing):

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

6. 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 |
|--------------------------|--------------------|--------------------|
| | | \$ |
| | | \$ |
| | | \$ |

7. 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 |
|-----------------------------|---------------------|--------------------|-----------------------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

8. 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: _____

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 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. 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 | \$ |

D. Inside The Premises—Robbery Or Safe 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: _____

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: | \$ |

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. 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 |
|----------|--------------------|
| | \$ |
| | \$ |
| | \$ |

10. 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 |

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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 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 |
|----------|--------------------|
| | \$ |
| | \$ |
| | \$ |

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 |
|----------|--------------------|
| | \$ |
| | \$ |
| | \$ |

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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: _____

