

NATIONWIDE PRIVATE COMPANY 360 MANAGEMENT LIABILITY PACKAGE POLICY CRIME RENEWAL APPLICATION

This **Application** can be used only if the **Applicant** completed a Nationwide Private Company Package Policy Crime Application within the past three (3) years. Please answer all questions and submit all requested information. Terms appearing in bold in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. The **Company** will hold this **Application**, including all materials submitted herewith, in confidence. Whenever used in the **Application**, the term "**Applicant**" shall mean the **Parent Organization** and any of its **Subsidiaries**. Please complete the "General Information" section of the **Application** and any other section of this **Application** for which coverage is sought.

*In addition to answering the following questions, the **Applicant** must provide a copy of all requested items specified in any of the questions, below, plus three (3) years prior loss history and most recent audited financial statement. If in any part of the **Application** additional detail needs to be provide, please attach such details to the **Application**.*

A. Applicant's Information	
Company Name (Applicant):	
Address Line 1:	
Address Line 2:	
City, State, Zip:	
Phone:	
Website Address:	
Date Applicant last completed a Nationwide Crime Application:	

B. Applicant's Contact Information	
Name:	
Title:	
Phone:	
Email:	

C. Applicant's Organizational Information	
1) Provide a brief description of the Applicant's business:	
2) Date Applicant Established / Incorporated:	
3) NAIC Code or SIC Code:	

D. Expiring Coverage / Requested Coverage				
Coverage	Yes	No	Expiring Limit / Deductible	Requested Limit / Deductible
Employee Theft			\$ /	\$ /
Client Property			\$ /	\$ /
Computer Fraud and Funds Transfer Fraud			\$ /	\$ /
Inside the Premises			\$ /	\$ /
Outside the Premises — In Transit			\$ /	\$ /
Forgery or Alteration			\$ /	\$ /
Money Order & Currency Fraud			\$ /	\$ /
Total Expiring Policy Premium	\$			

If requesting larger liability limits than expiring, please complete the following statement:

As respects to the limit of liability sought under any proposed coverage of this insurance that exceeds the limit of liability for such coverage of the expiring insurance, does anyone for whom this insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a loss which may fall within the scope of this proposed insurance? Yes No

If "Yes," please attach details to this **Application**.

Solely with respect to any portion of the limit of liability under the proposed insurance that exceed the limit(s) in the expiring policy, the Applicant understands and agrees that if any claims, knowledge or information of acts, errors, omissions, facts or circumstances which may give rise to a loss exists, any subsequent loss arising therefrom is excluded from this proposed insurance.

E. Applicant's Operations

1. Pursuant to the chart, below, please complete the requested information concerning the **Applicant's** current operations. If additional space is needed, please attach a separate sheet of paper providing the requested information.

Country of Operation	# of Locations	# of Employees	Gross Revenue	Type of Operation
			\$	
			\$	
			\$	
Totals:			\$	

2) Does the **Applicant** utilize the same loss control policies and procedures within the above-named countries as used in the United States? Yes No N/A

F. High Value Materials and Items

Please indicate if the **Applicant's** operations involve use or transportation of any of the following items or material (check all that apply):

Precious metals or gemstones	<input type="checkbox"/>	Furs	<input type="checkbox"/>
Electronic components	<input type="checkbox"/>	Firearms, weapons, or ammunition	<input type="checkbox"/>
Computer chips or computer components	<input type="checkbox"/>	Food or agricultural product	<input type="checkbox"/>
Money or currency	<input type="checkbox"/>	Art, collectibles, heirlooms, antique, or vintage items	<input type="checkbox"/>
Gold, silver or fine jewelry	<input type="checkbox"/>	Musical instruments	<input type="checkbox"/>

G. Applicant's Audit Procedures

Within the past year has an outside auditor, or the **Applicant's** internal auditing department, stated there are material weaknesses in the **Applicant's** internal controls or processes? Yes No N/A

H. Applicant's Internal Controls

If the response to any of the following questions is "No", please attach details to this **Application**.

1) Does the Applicant reconcile its bank statements on at least a monthly basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2) Is there segregation of the following duties or tasks? reconciles bank statements different than those that perform the following tasks?	
Reconciling bank statements and signing checks or approving disbursements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Receiving checks or handling bank deposits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Making withdrawals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Obtaining access to electronic or mechanical check signing devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3) What is the minimum monetary amount that requires two signatures on a check?	\$
4) Are the following processes separated amongst different employees:	
a) Requesting checks, approving vouchers and signing checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Initiating and approving wire transfers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5) Are paid invoices reconciled with issued checks on at least a monthly basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6) Are payroll preparation, disbursement and distribution functions segregated amongst different employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7) Does the Applicant separate the functions of authorizing vendors, approving invoices and processing payments amongst different individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8) Are all shipping, delivery and receiving activities reconciled to all applicable sale or purchase orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9) Does the Applicant promote and provide its employees, vendors and customers with a tip or hot line to assist in reporting fraud detection or theft?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

I. Applicant's Pre-employment Screening and Employee Protocols			
1) Please indicate if the following is completed during background checks of all new hires (<i>check all that apply</i>):			
Confirmation of previous employment	<input type="checkbox"/>	Credit checks	<input type="checkbox"/>
Arrests and convictions	<input type="checkbox"/>	Drug Testing	<input type="checkbox"/>
2) Upon an employee's termination, does the Applicant (<i>check all that apply</i>):			
Deny access to the Applicant's facilities immediately upon termination?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Immediately cancel the employee's credit cards?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
3) Does the Applicant provide fraud awareness training for all employees?			
	<input type="checkbox"/>	Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

J. Applicant's Inventory Management			
1) How frequently does the Applicant physically count its inventory?			
2) Does an independent CPA perform an inventory count at least annually?			
	<input type="checkbox"/>	Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
3) Does the Applicant separate the functions of ordering inventory, receiving shipments and making payments for such inventory amongst different Employees ?			
	<input type="checkbox"/>	Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
4) Are automated inventory systems reconciled with physical inventory counts?			
	<input type="checkbox"/>	Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
5) Which type of security is in place to protect the Applicant's inventory:			
a) security guard(s)?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
b) alarm system?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
c) video camera surveillance?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

K. Applicant's Vendor Management			
<i>If the response to any of the following questions is "No", please provide attach details to this Application.</i>			
1) Does the Applicant maintain an authorized vendor list?			
	<input type="checkbox"/>	Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
2) Does the Applicant validate vendor name, W-9, bank account and tax identification number?			
	<input type="checkbox"/>	Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
3) Does the Applicant have written guidelines and procedures for vendor bidding processes?			
	<input type="checkbox"/>	Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
4) Does the Applicant confirm with vendors any changes that are made to the vendor's account using a predefined contact or confirmation method?			
	<input type="checkbox"/>	Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

L. Social Engineering / Impersonation	
1) Does the Applicant operate any gaming establishment or any financial institution, advisor, bank, escrow company, collections agency, or similar type of business? <i>If "Yes", please attached details to this Application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2) Does the Applicant have a Chief Information Security Officer or equivalent position?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3) Does the Applicant provide guidance and periodic anti-fraud training to employees concerning the detection of phishing and other social engineering scams?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4) Within the last 12 months, has the Applicant received any fraudulent emails seeking to direct transfers of the Applicant's funds or securities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5) When verifying new customers or clients prior to initiating any financial transaction, does the Applicant verify: a) The customer or client bank account information? b) The customer or client physical address?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6) Please indicate all procedures used to authenticate fund or security transfer instructions prior to any such transfer:	
a) Call the customer or client at a predetermined number?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Send a text message to the customer or client at a predetermined number?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Receive a code from the customer or client that only they know?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Other (please describe): _____	
7) Does the Applicant run exception reports showing all changes to vendor or supplier details?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

The persons signing this **Application** declare that to the best of their knowledge the statements set forth herein and the information in the materials submitted herewith are true and correct and that reasonable efforts have been made to obtain sufficient information from all proposed **Insureds** to facilitate the proper and accurate completion of this **Application** for the proposed policy. Signing this **Application** does not bind the undersigned to purchase the insurance, but this **Application** shall be the basis of the contract should a policy be issued.

It is agreed by all concerned that the particulars and statements contained in this **Application** are true and shall be deemed material to the decision of the **Company** to issue the insurance. The undersigned agree that if after the date of this **Application** and prior to the effective date of any policy based on this **Application**, any occurrence, event or other circumstance should render any of the information contained in this **Application** inaccurate or incomplete, then the undersigned shall notify the **Company** of such occurrence, event or circumstance and shall provide the **Company** with information that would compete, update or correct such information. In such event, the **Company** in its sole discretion may modify or withdraw any outstanding quotation. The **Company** shall maintain on file this **Application**, including material submitted therewith, which shall be considered to be physically attached to and part of the Policy, if issued. The information requested in this **Application** is for underwriting purposed only and does not constitute notice to the **Company** under any policy of a **Claim** or potential claim. All such notices must be submitted to the **Company** pursuant to the terms of the Policy, if and when issued.

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, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, 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 CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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 NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

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.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): 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.

APPLICANT NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRODUCER'S SIGNATURE: _____ **DATE:** _____

AGENT NAME: _____ **AGENT LICENSE NUMBER:** _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)

A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED.

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either digital signature, electronic signature, facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.