



FREEDOM SPECIALTY
 INSURANCE COMPANY®
 a Nationwide Insurance® company
 Freedom Specialty Insurance Company
 7 World Trade Center, 37th Floor
 250 Greenwich Street
 New York, NY 10007-0033

**FREEDOM 360°
 PRIVATE COMPANY PACKAGE POLICY
 CRIME COVERAGE PART SUPPLEMENTAL APPLICATION
 PRECIOUS METALS**

Fully 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 **Insurer** 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 this Supplemental Application if the **Applicant** maintains, holds, transfers, uses or sells Precious Metals or Stones on its **Premises**. If needed, the **Applicant** may attach any additional information to this **Application** for the **Insurer’s** use and consideration.

1. Applicant’s Information

Parent Organization Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Website Address: _____ **Phone:** _____

2. Applicant’s Contact Information

Name: _____ **Title:** _____
E-mail: _____ **Phone:** _____

3. Precious Metal Information

- a. Please check each precious metal or stone used, sold, produced, transferred or held by the **Applicant**:
 Diamond Gold Silver Platinum Other; please specify: _____
- b. Please describe how the precious metals are used in the **Applicant’s** business: _____

- c. During the last year, what was the maximum value of precious metals and stones maintained on the **Premises**? \$ _____
- d. Over the next year, what is the anticipated maximum value of precious metals and stones to be maintained on the **Premises**? \$ _____
- e. How many employees have access to precious metals and stones? _____
- f. What is the fewest number of employees on the **Premises** during normal business hours? _____
- g. Are all precious metals and stones kept in a vault?..... Yes No
 If “Yes”:
 (1) Is the vault rated by Underwriter Laboratories for burglary resistance?..... Yes No
 (2) Is the vault door equipped with either a key or combination lock? Yes No
 (3) Is the vault door equipped with a time lock? Yes No
 (4) Is the vault completely protected by an alarm which is monitored by a central station?..... Yes No

- (5) Is the vault locked during working hours? Yes No
- (6) Is there a full-time vault custodian? Yes No
- (7) Does the vault custodian maintain a register indicating the removal from and entry into the vault of precious metals and stones? Yes No N/A
- (8) Is there twenty-four (24) hour video/camera surveillance of the vault? Yes No
- (9) How many employees must be present when the vault is unlocked? _____
- (10) Please state the name and title of all employees that have access to the vault: _____

- h. When precious metals or stones are not in a vault, are they confined to a secure and restricted area? Yes No N/A
- i. What is the maximum value of precious metals and stones that are not in vaults during working hours? \$ _____
- j. At all times, is there a guard present at all **Premises** which contain any precious metals or stones? .. Yes No
 If "Yes," is the guard provided by a vendor that specializes in the security of precious metals and stones? Yes No N/A
- k. Does the **Applicant** transport or ship precious metals or stones? Yes No
 If "Yes":
 - (1) Is the transportation done by the **Applicant's** employees? Yes No
 - (2) Does the **Applicant** hire an outside vendor to provide the transportation? Yes No N/A
 - (3) Are guards provided during the transportation? Yes No
 - (4) During the last year, what is the maximum value of any shipment? \$ _____
 - (5) Over the next year, what is the anticipated maximum value of any shipment? \$ _____
- l. How frequently is a physical inventory of precious metals and stones conducted? _____
- m. Is the physical inventory conducted under the close supervision of someone other than the vault custodian or persons with access to the vault? Yes No N/A
- n. Is an inventory control record maintained to record deliveries in and out of the premises of all precious metals or stones? Yes No
- o. Is the inventory control record maintained by someone other than the vault custodian or those with access to the vault? Yes No N/A
- p. Is there a full inventory of precious metals finished products and scraps at the end of each day? Yes No N/A
- q. Please describe how the **Applicant** controls and accounts for scraps and waste: _____

- r. Are all employees required to pass through a metal detector prior to exiting the **Premises**? Yes No

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 **Insurer** 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 **Insurer** of such occurrence, event or circumstance and shall provide the **Insurer** with information that would compete, update or correct such information. In such event, the **Insurer** in its sole discretion

may modify or withdraw any outstanding quotation. The **Insurer** 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 purposes only and does not constitute notice to the **Insurer** under any policy of a **Claim** or potential claim. All such notices must be submitted to the **Insurer** 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, 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.

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.

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.