



## CRIME SUPPLEMENT

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Cortland, NY 13045  
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### General Information

Date of Survey: \_\_\_\_\_ Date proposal is needed: \_\_\_\_\_ Insurance Renewal Date: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_  
(please include all organizations that are to be included as insureds)

FEIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Owner/President: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Safety/Operations Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Human Resources Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Insurance Agent Information

Agent's Name: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Agency Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Do you currently write this account?  Yes  No

If so, for how long? \_\_\_\_\_ With what Carrier? \_\_\_\_\_

Is the account Sub-Brokered?  Yes  No

If yes, please indicate Agency Name: \_\_\_\_\_

**Crime**

Current Premium: \$ \_\_\_\_\_

**FIDELITY**

Employee Theft Blanket

Limit of Insurance (maximum \$500,000) \$ \_\_\_\_\_

Number of Class I Employees (direct contact with funds) \_\_\_\_\_

Number of Class II Employees (all others) \_\_\_\_\_

Employee Theft Position Schedule

Position

Limit of Insurance (maximum \$500,000)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Faithful Performance of Duty Coverage (\$10,000)

Forgery or Alterations (maximum \$500,000) \$ \_\_\_\_\_

Computer Fraud and Funds Transfer Fraud (maximum \$100,000) \$ \_\_\_\_\_

**MONEY AND SECURITIES**

Note: \$5,000 money and securities coverage is provided under the Property Coverage Extensions.

If this limit is insufficient, please indicate the desired amount of additional insurance: \$ \_\_\_\_\_

**GENERAL CRIME INFORMATION**

List all persons managing funds: Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Do the persons managing funds turn over this function to another for a period of 2 weeks every year to prevent theft?  Yes  No

Are Invoices or Requisitions kept? (This documents what item or service is being paid for, who the vendor is, and who authorized the item or service).  Yes  No

Are Invoices or Requisitions, Check Register and Bank Statement cross-checked against each other?  Yes  No

Largest amount of petty cash kept on hand? \$ \_\_\_\_\_

Is money ever stored in the building overnight?  Yes  No

If yes, amount and how stored: \_\_\_\_\_

All receipts are deposited in a bank within:  2 days  1 week  over 1 week

Are all incoming checks immediately stamped "For Deposit Only"?  Yes  No

Do all outgoing checks require 2 signatures?  Yes  No

If no, do checks over a certain amount require 2 signatures?  Yes  No

If yes, please indicate amount \$ \_\_\_\_\_

To whom and how often is there a report of receipts and disbursements? \_\_\_\_\_

By whom and how often are the accounts examined? \_\_\_\_\_

When were the accounts last examined? \_\_\_\_\_

Is an outside audit performed?  Yes  No

If Yes, by whom, how often, and when was the last audit performed? \_\_\_\_\_

\_\_\_\_\_

**Claims History**

Have there been any Crime claims or losses in the last five years?  Yes  No

If yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved.\*

DOL	DESCRIPTION	STATUS	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

\*Attach separate pages if needed.

## **APPLICATION SIGNATURES & STATE FRAUD STATEMENTS**

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**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**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 or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA 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 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: 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 in 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 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.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the 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, TENNESSEE, VIRGINIA AND WASHINGTON 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 include imprisonment, fines and 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 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 NEW YORK APPLICANTS:** 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.

**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: WARNING:** 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 OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the 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.

**APPLICATION SIGNATURES & STATE FRAUD STATEMENTS**

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and title (please print): \_\_\_\_\_

Insurance Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(To be signed by someone who does not have access to funds)*

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**APPLICABLE IN NEW YORK - NEW YORK CLAIMS-MADE INSURANCE NOTICE**

IF AMBULANCE SERVICES PROFESSIONAL LIABILITY, EMPLOYEE BENEFITS LIABILITY, OR EMPLOYMENT PRACTICES LIABILITY COVERAGE IS PROVIDED ON A CLAIMS-MADE BASIS THEN COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING WHILE THIS POLICY IS IN FORCE, DURING A RENEWAL OF THIS POLICY, OR DURING ANY EXTENDED REPORTING PERIOD. VARIOUS PROVISIONS IN THE ENDORSEMENT FOR THIS COVERAGE MAY RESTRICT COVERAGE. PLEASE READ THE ENTIRE ENDORSEMENT CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS AND IS NOT COVERED.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_