



**Crime Policy Application for SDRMA**

Effective Date:	Policy Term:
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Named Insured: \_\_\_\_\_  
 Principle Address: \_\_\_\_\_

Description of operations for covered entities:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Prior Insurance:**

- a) Has any similar insurance been declined or cancelled during the past three years? Yes\_\_\_ No\_\_\_  
 If yes, please explain: \_\_\_\_\_  
 b) Prior insurance to be superseded.....Check here if none\_\_\_\_\_

Form of Insurance	Effective Date	Expiration Date	Limit of Insurance	Name of Insurance Co.

**Rating Information for Coverages:**

Classification of Employees:

- Number of employees who handle, have custody or maintain records of money, securities or other property; department and division heads, assistant department and division heads: \_\_\_\_\_
- Number of those employees **other than** those indicated in 1: \_\_\_\_\_

Grand total of **ALL** employees: \_\_\_\_\_ (Full time and part time)

**Money- Securities:**

Please enter the Exposure for each category. Amounts entered should be the maximum exposure:

	Money	Securities (not payroll checks)	Checks	Payroll Checks	Money held overnight	Securities held in banks
<b>Inside</b>						
<b>Messenger #1</b>						
<b>Messenger #2</b>						

**Premises/Safe Protection:**

- a) What type of alarm(s) do you have at each of your premises?  
 1. Hold-up Alarm      2. Premises Alarm      3. Safe Alarm      4. Local Gong  
 5. Central Station Alarm      6. Police Connected Alarm

If alarms vary from location to location, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please specify the number of guards and/or watchpersons on duty each shift: \_\_\_\_\_

Please describe any additional protection (e.g. fences, floodlights, etc.):

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**Internal Controls Information:**

**Audit Procedures:**

1. Is there an annual audit completed by the state? Yes \_\_\_ No \_\_\_ or public accountant Yes \_\_\_ No \_\_\_
  2. If yes, how frequently? Quarterly \_\_\_ Semiannually \_\_\_ Annually \_\_\_
  3. Date of completion of last audit: State \_\_\_\_\_ CPA \_\_\_\_\_
  4. Does your auditor personally review the audit report and management letter with the Board of Directors? Yes \_\_\_ No \_\_\_
  5. Do you audit your wire funds transfer procedures? Yes \_\_\_ No \_\_\_
  6. Is your agency computerized to record cash payments? Yes \_\_\_ No \_\_\_ Are cash records audited annually?
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**Internal Controls (other than audit procedures):**

1. Are bank accounts reconciled monthly by someone not authorized to deposit or withdraw? Yes \_\_\_ No \_\_\_
2. Is countersignature of checks required? Yes \_\_\_ No \_\_\_
3. Are vouchers or supporting records stamped "paid" when checks are signed? Yes \_\_\_ No \_\_\_
4. Are controls set up to prevent unauthorized use of check signing machines or signature stamps? Yes \_\_\_ No \_\_\_

**Funds Transfer Procedures:**

1. Are all payment instructions executed under a sequential numbering system? Yes \_\_\_ No \_\_\_
  2. What is the total annual volume of Funds Transfer? \_\_\_\_\_
  3. What is the largest amount one person can transfer? \_\_\_\_\_
  4. What is the average size of transfers? \_\_\_\_\_
  5. Are all Funds Transfer functions handled by Banks and/or Financial Institutions or do you have facilities to transfer funds yourself without involving Third Parties? \_\_\_\_\_
  6. Are all telephone transfer instructions given to banks confirmed in writing within 24 hours? Yes \_\_\_ No \_\_\_
  7. Is there segregation of duties so that no one employee can handle transactions from beginning to completion without reference to others? Yes \_\_\_ No \_\_\_
  8. What is the total number of employees who have the authority to make transfers? \_\_\_\_\_
  9. How do you detect whether an employee has exceeded their authority?
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**Payroll:**

1. Do you screen your employee for prior acts of dishonesty? Yes \_\_\_ No \_\_\_ Credit checks: Yes \_\_\_ No \_\_\_
2. Are the payrolls made up by persons other than those who distribute it to employees? Yes \_\_\_ No \_\_\_

**Purchasing and Inventory**

1. Do you have a system to detect payment to fictitious suppliers? Yes \_\_\_ No \_\_\_
2. Are all persons engaged in purchasing prohibited from taking part in receiving the inventory? Yes \_\_\_ No \_\_\_
3. Is a complete inventory made with physical check of stock and equipment? Yes \_\_\_ No \_\_\_

**Loss History**

Enter all claims or occurrences that may give rise to claims in the past 5 years . Check here if none: \_\_\_\_\_

Date of Occurrence	Description of Occurrence	Total Amount of Occurrence	Total Paid Loss (indicate deductible)

**Internet Security**

1. Does your system have a Firewall? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you have an Intrusion Detection System that identifies unauthorized access? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Has your computer system ever been invaded by a Hacker or Virus? Yes \_\_\_\_\_ No \_\_\_\_\_
4. If "Yes" to question (g), When and what controls have been implemented to prevent further incidences? \_\_\_\_\_

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**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

**For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.**

<b><u>Applicants Signature:</u></b>	<b><u>Date:</u></b>
<b><u>Producer's Signature:</u></b>	<b><u>Date:</u></b>