



# PROPERTY SECTION

DATE(MM/DD/YYYY)

AGENCY	PHONE (A/C.No,Ext):	APPLICANT (First Named Insured)			
	FAX (A/C.No):	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN
CODE:	SUB CODE:	FOR COMPANY USE ONLY			
AGENCY CUSTOMER ID:					

PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:						
		BUILDING #:	BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	APPLIES TO	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION					
SPOILAGE COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	OPTIONS

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS		HEATING BOILER ON PREMISES?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE	CERTIFICATE #			EXPIRATION DATE	CENTRAL STATION WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT	GRADE	# GUARDS/WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG	

ADDITIONAL INTERESTS			
RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED
INTEREST	ITEM DESCRIPTION:		INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE			LOCATION:
<input type="checkbox"/> MORTGAGEE			BUILDING:
			SCHEDULED ITEM NUMBER:
			OTHER:

**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	APPLIES TO	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUEREPORTING INFORMATION - Attach ACORD 811
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**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	OPTIONS
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# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER, YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES			
WIND CLASS		<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	HEATING BOILER ON PREMISES?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE	CERTIFICATE #			EXPIRATION DATE	CENTRAL STATION WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT	GRADE	# GUARDS/WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG	

**ADDITIONAL INTERESTS**

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	ITEM DESCRIPTION:			LOCATION:	BUILDING:
SCHEDULED ITEM NUMBER:					
OTHER:					

**REMARKS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA insurance benefits may also be denied)



# EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No. Ext):	APPLICANT <b>sample</b>				
	FAX (A/C, No):	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
				AGENCY		
		FOR COMPANY USE ONLY		DIRECT		
CODE:	SUBCODE:					
AGENCY CUSTOMER ID						

TERRITORY OF OPERATION	TYPE OF OPERATION

COVERAGE/DEDUCTIBLE

EQUIPMENT STORAGE				UNSCHEDULED EQUIPMENT				
LOC #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY	DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS
		IN BUILDING	OUTSIDE					
		\$	\$					
		\$	\$					
		\$	\$					

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS				ACORD 45 Attached			
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER		
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:	
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:		
					OTHER		
ITEM DESCRIPTION:							
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER		
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:	
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:		
					OTHER		
ITEM DESCRIPTION:							
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER		
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:	
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:		
					OTHER		
ITEM DESCRIPTION:							

<b>GENERAL INFORMATION</b>	
EXPLAIN ALL "YES" RESPONSES	Y / N
1. EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS?	<input type="checkbox"/>
2. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?	<input type="checkbox"/>
3. PROPERTY USED UNDERGROUND?	<input type="checkbox"/>
4. ANY WORK DONE AFLOAT?	<input type="checkbox"/>

**SCHEDULED EQUIPMENT**

% COINSURANCE

#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$

<b>ACORD™ CRIME SECTION</b>				DATE (MM/DD/YYYY)	
AGENCY		PHONE (A/C, No, Ext):		APPLICANT (First Named Insured)	
EFFECTIVE DATE		EXPIRATION DATE		<input type="checkbox"/> DIRECT BILL	PAYMENT PLAN
				<input type="checkbox"/> AGENCY BILL	AUDIT
CODE:		SUB CODE:		FOR COMPANY USE ONLY	
AGENCY CUSTOMER ID:				BASIS FOR COVERAGE	
				<input type="checkbox"/> DISCOVERY	
				<input type="checkbox"/> LOSS SUSTAINED	

FORM LTR	FORM TITLE	LIMIT	DEDUCTIBLE	FORM LTR	FORM TITLE	LIMIT	DEDUCTIBLE
A	EMPLOYEE DISHONESTY			E	PREMISES BURGLARY	\$	
	<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$			<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE		
	ERISA			F	COMPUTER FRAUD	\$	
	TOTAL ASSET VALUE \$ _____	\$		G	EXTORTION	\$	
B	FORGERY OR ALTERATION	\$			(Ins Loss Participation _____ %)	\$	
C	THEFT, DISAPPEARANCE & DESTRUCTION			H	PREMISES THEFT & ROBBERY OUTSIDE		
	SEC 1 - INSIDE THE PREMISES	\$			SEC 1 - THEFT	\$	
	SEC 2 - OUTSIDE THE PREMISES	\$		SEC 2 - ROBBERY OUTSIDE	\$		
	<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE			<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE			
D	ROBBERY & SAFE BURGLARY	\$		Q	ROBBERY & SAFE BURGLARY MONEY & SECURITIES		
	SEC 1 - INSIDE: ROBBERY OF CUSTOD'NS SAFE BURGLARY	\$			SEC 1 - INSIDE THE PREMISES	\$	
	SEC 2 - OUTSIDE THE PREMISES	\$		SEC 2 - OUTSIDE THE PREMISES	\$		
	<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE			<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE			

**COVERAGE AMENDMENTS (Endorsements)**

**ERISA EMPLOYEE DISHONESTY - ADDITIONAL INFORMATION (Coverage Form A)**

NAME OF PLAN	PRINCIPAL ADDRESS	NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS	NUMBER OF PLAN PARTICIPANTS
IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**CLASSIFICATION OF EMPLOYEES/LOCATIONS (Coverage Forms A & B)**

LIST ALL OFFICERS AND EMPLOYEES (including those construed to be employees by endorsement), OTHER THAN AGENTS AND PARTNERS, WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY, INCLUDING, IN ANY EVENT, THE POSITIONS LISTED BELOW:

NUMBER OF:	NUMBER OF:	NUMBER OF:	NUMBER OF:
ACCOUNTANTS AND ASSTS	COLLECTORS	LOCKER ROOM ATTENDANTS	STOCK CLERKS
ADJUSTERS	COMPUTER PROGRAMMERS	MAITRE D'S AND ASSTS	STOREKEEPERS
ADMINISTRATORS AND ASSTS	COMPTROLLERS AND ASSTS	MANAGERS AND ASSTS	STOREROOM PERSONNEL
APPRAISERS AND CLERKS ACTING AS APPRAISERS	CREDIT CLERKS AND MANAGERS	MEDICAL DIRECTORS	SUPERINTENDENTS AND ASSTS
ATTORNEYS	CUSTODIANS	MESSENGERS, OUTSIDE	SUPERVISORS AND ASSTS
AUDITORS AND ASSTS	DELIVERY PERSONS	PAYROLL DISTRIBUTORS	TAXI DRIVERS
BOOKKEEPERS	DEMONSTRATORS	PURCHASING AGENTS AND ASSTS	TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES
BUS DRIVERS	DIETITIANS WHO ORDER FOOD	RECEIVING CLERKS	TIMEKEEPERS AND ASSTS
BUYERS AND ASSTS	DRIVERS AND DRIVERS' HELPERS	REFINERY GAUGERS OF OIL COMPANIES HANDLING REFINED GASOLINE AND OILS	TRUCK DRIVERS
CANVASSERS (Door-to-door salespeople)	FOOD INSPECTORS	SALESPEOPLE	WAREHOUSE PERSONNEL
CASHIERS AND ASSTS	HEAD PHARMACISTS	SECURITY PERSONNEL	WINE CELLAR PERSONNEL
CHAIRPERSONS	INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES	SERVICE STATION ATTENDANTS	WINE STEWARDS/ESSES
CHEFS WHO ORDER FOOD	JANITORS	SHIPPING CLERKS	ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED ABOVE
NUMBER OF OFFICERS:	TOTAL NUMBER OF OTHER EMPLOYEES:	MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS:	ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES:

**CONTROLS (Coverage Form A)**

AUDIT	1. IS THERE AN AUDIT BY? <input type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER:	BANKING / OTHER	5. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW? <input type="checkbox"/> YES <input type="checkbox"/> NO
	2. AUDIT FREQUENCY? <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER:		6. IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS? <input type="checkbox"/> YES <input type="checkbox"/> NO
	3. DOES AUDIT INCLUDE INVENTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO		7. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO
	4. AUDIT REPORT IS RENDERED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNERS <input type="checkbox"/> BOARD OF DIRECTORS <input type="checkbox"/> OTHER:		8. ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO

**MONEY - SECURITIES (Coverages Forms C or Q - Blanket Coverage, By Locations)**

ENTER THE EXPOSURES FOR EACH CATEGORY. AMOUNTS ENTERED SHOULD BE MAXIMUM EXPOSURE.

TYPE	MONEY	CHECKS FOR DEPOSIT	CHECKS FOR ACCOUNTS PAYABLE	PAYROLL CHECKS	MONEY OVERNIGHT	SECURITIES (IN BANK/SAFE DEPOSIT)
INSIDE	\$	\$	\$	\$	\$	\$
MESSENGER #1	\$	\$	\$	\$	\$	
MESSENGER #2	\$	\$	\$	\$	\$	

**PROPERTY (Coverage Forms D, E, & H)**

DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC	MAXIMUM VALUE

**GENERAL INFORMATION (All Coverage Forms Except A & B)**

BUSINESS HOURS	AVG # EMPLOYEES ON DUTY	CHECKS STAMPED FOR DEPOSIT ONLY	FREQUENCY OF DEPOSITS	NIGHT DEPOSITORY USED	ANNUAL GROSS SALES OR RECEIPTS FOR LAST FISCAL YEAR	DOES PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS?		OTHER INFORMATION
						<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**SAFE/VAULT (Coverage Forms C, D & Q)**

MANUFACTURER	LABEL	CLASS	DOOR TYPE		COMBINATION LOCKS			THICKNESS DOOR (EXCL BOLTWORK)   WALL	
			ROUND	SQUARE	OUTER	INNER	CHEST		
	<input type="checkbox"/> UL								
	<input type="checkbox"/> SMNA								
	<input type="checkbox"/> UL								
	<input type="checkbox"/> SMNA								

**MESSENGER PROTECTION (Coverage Forms C, D & Q)**

MESS'GR #	# OF GUARDS PER MESSENGER	PRIVATE CONVEYANCE USED?	SAFETY SATCHEL USED?	MESS'GR #	# OF GUARDS PER MESSENGER	PRIVATE CONVEYANCE USED?	SAFETY SATCHEL USED?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PREMISES/SAFE PROTECTION (Coverage Forms C, D, E & H)**

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			ALARM INSTALLED AND SERVICED BY	# GUARDS	WATCHPERSONS
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		SAFE/VAULT	PREMISES				
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CENTRAL STATION		<input type="checkbox"/> PARTIAL	1	2	3	# WATCH PERSONS	<input type="checkbox"/> RPT/CENT ST
<input type="checkbox"/> SAFE	<input type="checkbox"/> POLICE CONNECT		<input type="checkbox"/> COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> CLOCK HRLY
	<input type="checkbox"/> WITH KEYS							<input type="checkbox"/> DON'T SIGNAL
CERTIFICATE NUMBER			ACCESSIBLE OPENINGS & PROTECTION			OTHER PROTECTION (Fences, Floodlights, etc)		
EXPIRATION DATE:								

**AUDIT PROCEDURES - SAA COMMERCIAL CRIME POLICY**

1. AUDIT BY CPA, PUBLIC ACCOUNTANT OR EQUIVALENT, INDEPENDENT OF YOUR ORGANIZATION? <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> NONE	YES <input type="checkbox"/> NO <input type="checkbox"/>	5. IS THE AUDIT REPORT RENDERED DIRECTLY TO THE PROPRIETOR, PARTNERS IF A PARTNERSHIP OR BOARD OF DIRECTORS IF A CORPORATION?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT		6. DATE OF COMPLETION OF LAST AUDIT OF: CASH & ACCOUNTS _____ INVENTORY _____	
3. ALL LOCATIONS AUDITED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	7. WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? IF "YES", SUBMIT A COPY OF THE AUDIT AND AUDITOR'S COMMENTS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? IF NO, EXPLAIN SCOPE OF AUDIT.	<input type="checkbox"/> YES <input type="checkbox"/> NO	8. IS THERE AN INTERNAL AUDIT BY AN INTERNAL AUDIT DEPARTMENT UNDER THE CONTROL OF AN EMPLOYEE WHO IS A PUBLIC ACCOUNTANT OR EQUIVALENT. IF "YES", ARE THE REPORTS RENDERED DIRECTLY TO THE PROPRIETOR, PARTNERS IF A PARTNERSHIP OR BOARD OF DIRECTORS IF A CORPORATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**INTERNAL CONTROLS OTHER THAN AUDIT PROCEDURES - SAA COMMERCIAL**

EXPLAIN ALL "NO" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "NO" RESPONSES IN REMARKS	YES	NO
1. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW?	<input type="checkbox"/>	<input type="checkbox"/>	3. ARE SECURITIES SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES?	<input type="checkbox"/>	<input type="checkbox"/>
2. IS COUNTERSIGNATURE OF CHECKS REQUIRED?	<input type="checkbox"/>	<input type="checkbox"/>			

**REMARKS**

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