



Continental Casualty Company • American Casualty Company of Reading, Pa. • The Buckeye Union Insurance Company • CNA Casualty of California  
 • CNA Casualty of Illinois • The Continental Insurance Company • The Fidelity and Casualty Company of New York • Firemen's Insurance  
 Company of Newark, New Jersey • National Fire Insurance Company of Hartford • Valley Forge Insurance Company

## Commercial Businesses

### Application for a Combination Crime Policy - Mercantile Form

#### I. Background Information

Producer	Policy Status <input type="checkbox"/> New <input type="checkbox"/> Renewal/Replacement of Policy No. _____
----------	--

Exact Name of Applicant - include all subsidiary entities, employee benefit plans, etc. to be covered (do not include clients or other unowned entities):

Mailing Address (Street, City, State, Zip)	Date Business Established
--	---------------------------

Nature of Applicant's Product(s) or Service(s)	Predominant Business Style <input type="checkbox"/> Manufacturer/Processor <input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler/Distributor <input type="checkbox"/> Servicer/Other
--	--

Has any Coverage of the Type Requested been Cancelled by any Insurer in the Last Six Years? (Not applicable in Missouri).

No    Yes (explain):

#### II. Coverage Information

Desired Effective Date	Desired Premium term/Payment Options <input type="checkbox"/> Annual <input type="checkbox"/> Three Years - Prepaid <input type="checkbox"/> Three Years - Equal Annual Installments
------------------------	---

Desired Coverage Form(s), Limit(s), Deductible(s)

Coverage Form	Limit	Deductible
A - Employee Dishonesty - Schedule	<input type="checkbox"/> Check box and complete Section III.	
A - Employee Dishonesty - Blanket (Minimum Amount \$5,000)	\$ _____	\$ _____
B - Forgery or Alteration	\$ _____	\$ _____
C - Theft, Disappearance or Destruction of Money and Securities	\$ _____	\$ _____
D - Robbery, Safe Burglary of Property other than Money and Securities	\$ _____	\$ _____
E - Premises Burglary of Property other than Money and Securities	\$ _____	\$ _____
F - Computer Fraud	\$ _____	\$ _____
G - Extortion (Kidnap/Ransom)	\$ _____	\$ _____
H - Premises Theft and Robbery Outside the Premises	\$ _____	\$ _____
I - Securities of Lessees of Safe Deposit Boxes	<input type="checkbox"/> Check box and complete Section VII.	
J - Securities Deposited with others	<input type="checkbox"/> Check box and complete Section VII.	
YB - Wire Transfer Communication Fraud (Voice Plus)	\$ _____	\$ _____
YL - Wire Transfer Communication Fraud (Voice Only)	\$ _____	\$ _____
Z - Money Orders, Counterfeit Paper Currency	\$ _____	-----

**II. Coverage Information - continued**

Prior Coverage to be Replaced - Check if None

Policy Form/Coverage(s)	Limit(s)	Deductible(s)	Effective Date	Carrier
-------------------------	----------	---------------	----------------	---------

**III. Rating Information -- Coverage Form A - Schedule**

Please attach a separate list showing employees to be covered by name and position. Indicate the amount of coverage desired, (in multiples of \$1,000), on each. Indicate if coverage is to be  primary or  excess of blanket limit.

**IV. Rating Information -- Coverage Forms A - Blanket, B, YB, and YL**

Classification of Employees -- United States, U. S. Virgin Islands, Puerto Rico, Canada (show Canadian Employees separately)

**Ratable Employees (as classified by position)/Locations**

Ratable Employees consist of a) directors and trustees, while performing employee duties; b) partners, if added by endorsement; c) compensated officers; and d) compensated employees (and natural persons employed by an employment contractor while performing duties on behalf of the applicant) who handle, have custody or maintain records of money, securities or other property--including in any event all occupants of positions or equivalent positions listed below.

**Note: Even though they may, on occasion, handle money, securities, merchandise or other property, the following positions should not, for that reason be classified as Ratable Employees: inside salesmen ( except those of automobile dealers); inside messengers; clerks; typists; and business machine, elevator and telephone operators; factory foremen or workers; janitors; porters; laborers; and other, similar positions.**

	No. U. S.	No. Can.		No. U. S.	No. Can.		No. U. S.	No. Can.
<b>Officials</b>			<b>Management</b>			<b>Sales</b>		
Director (performing employee duties)	_____	_____	Manager	_____	_____	Sales Manager	_____	_____
Trustee (performing employee duties)	_____	_____	Assistant Manager	_____	_____	Asst. Sales Manager	_____	_____
President	_____	_____	Branch Manager	_____	_____	Floorwalker	_____	_____
Vice President	_____	_____	Asst. Branch Manager	_____	_____	Buyer	_____	_____
Treasurer	_____	_____	Dept. Manager	_____	_____	Assistant Buyer	_____	_____
Assistant Treasurer	_____	_____	Superintendent	_____	_____	Car Salesmen	_____	_____
Comptroller	_____	_____	Asst. Superintendent	_____	_____	Salesmen (Outside who collects)	_____	_____
Staff Attorney	_____	_____	Supervisor	_____	_____	Canvasser	_____	_____
Bursar	_____	_____	Asst. Supervisor	_____	_____	Gas Station Attendant	_____	_____
Assistant Bursar	_____	_____	Purchasing Agent	_____	_____	Collector	_____	_____
All Other	_____	_____	All Other	_____	_____	All Other	_____	_____
<b>Accounting</b>			<b>Stock</b>			<b>Delivery</b>		
Internal or Staff Auditor	_____	_____	Stock Clerk	_____	_____	Driver	_____	_____
Assistant Auditor	_____	_____	Shipping/Receiving Clerk	_____	_____	Driver's Helper	_____	_____
Cashier	_____	_____	Warehouseman	_____	_____	Chauffeur	_____	_____
Assistant Cashier	_____	_____	Custodian	_____	_____	<b>Computers</b>		
Bookkeeper	_____	_____	Watchman	_____	_____	Senior Programmer	_____	_____
Paymaster	_____	_____	Dietitian who Orders Food	_____	_____	Senior Operator	_____	_____
Timekeeper	_____	_____	Appraiser	_____	_____	All Other Ratables	_____	_____
Adjuster	_____	_____	Pharmacist	_____	_____			
Accountant (Senior) for Accounting Firms	_____	_____	Bartender	_____	_____			
			Refinery Gauger	_____	_____			
<b>Total Number of Ratable Employees</b>	<b>U. S.</b> _____	<b>Canada</b> _____	<b>Total Number of all Employees</b>	<b>U. S.</b> _____	<b>Canada</b> _____			
<b>Total Number of Retail Locations</b>	<b>U. S.</b> _____	<b>Canada</b> _____	<b>Total Number of All Locations</b>	<b>U. S.</b> _____	<b>Canada</b> _____			

Coverage Form A - Extensions for special positions or exposures. Check applicable boxes and insert number of employees or provide requested information.

- Foreign Employees - Attach a separate list of countries with total employee counts for each  Partners \_\_\_\_\_
- Non-compensated Officers \_\_\_\_\_  Volunteers - Campaign Solicitors \_\_\_\_\_  Volunteers - Others \_\_\_\_\_
- Directors and Trustees (while serving on committees performing non-directorial functions)

Coverage Form A - Businesses providing temporary help or other employment or professional services on clients' premises. Check box  and complete supplemental questionnaire form FMM 0041 if coverage should be extended to include clients' property.

**IV. Rating Information -- Coverage Forms A - Blanket, B, YB, and YL**

Coverage Form A - Agents Extension. Complete if coverage is desired on outside firms or contracted individuals performing employee functions.

Name of Individual or Firm	Function(s) Performed	Amount of Coverage
----------------------------	-----------------------	--------------------

Coverage Form B - Credit Card Forgery Extension. Check box and furnish requested information if desired.

Limit \$ \_\_\_\_\_ Total number of employees holding applicants credit or charge cards: \_\_\_\_\_

Coverage Form B -- Personal Account Extension. Check box  and complete if coverage on accounts of Partners or Officers is desired:

Name	Position	Amount of Personal Accounts Coverage \$
------	----------	--

**Special Exposures**

A. Do you, at any location, have an exposure of precious or valuable metals or stones (such as gold, platinum, palladium, rhodium, silver, diamonds, tin, elemental titanium, mercury or similarly valued material)?  No  Yes. If yes, please attach a separate sheet for each location showing, for each such material, the type, form (ingots, salts, solutions, etc.) and maximum exposure by weight and dollar value. Additional information may be requested.

B. Is there likely to be a large increase in the number of employees during the premium period due to expansion, seasonal activity, etc.  No  Yes (explain):

**V. Internal Control and Procedures -- All Locations**

A. Indicate frequency of audits and cash accounts by an outside CPA:  Annual  Other (specify): \_\_\_\_\_  
 Does the audit contain the opinion of the auditing firm?  Yes  No  
 Does the audit include all interests and locations?  Yes  No  
 Indicate frequency of audits of cash accounts and inventory by internal staff: \_\_\_\_\_

B. Is countersignature required on all checks issued by the applicant?  Yes  No  
 In excess of \$ \_\_\_\_\_  
 If "no", provide name(s), position(s) and ownership interest(s) of persons with unlimited check signing authority:

Are checks prepared by check writing machine or non-erasable typewriter?  Yes  No  
 Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?  Yes  No

C. Are securities under the control of two or more responsible employees?  Yes  No  
 Are securities kept in a bank safe deposit box?  Yes  No

D. Do all purchases require the signed approval of two or more responsible employees?  Yes  No-maximum authority: \$ \_\_\_\_\_

E. Are incoming and outgoing shipments checked, and invoices or records initialed, by more than one employee before acceptance or release?  Yes  No  
 Are drivers required to account for each shipment by means of signed receipts or returned merchandise.  Yes  No

**VI. Physical Exposures and Protection -- Coverage Forms C and D**

Provide the following for each location with exposures of money, securities, checks or other property kept in a safe or vault exceeding the requested Deductible under Coverage Forms C or D (include property held for others). Attach a separate sheet if necessary:

Address of Location #1: \_\_\_\_\_

Indicate maximum exposures:

Money \$                      Securities (other than checks) \$                      Checks \$                      Other Property \$

Burglary rating of safe or vault:     B     C     E     ER     None     Other (Indicate TR or TL ratings):  
 If safe rating cannot be located, indicate whether safe has round  or square  door and thickness of solid steel (exclusive of bolt work and insulation) in door and casing:

Indicate special protection (dual safe/vault combination, alarms, guards, etc.) if any. Please attach a copy of current UL certificate for any alarm systems.

**VII. Underwriting and Rating Information -- Coverage Forms I and J**

If securities on deposit or contained in safety deposit boxes are to be covered, complete the following:

Name of Depository	Address (Street, City, State)	Coverage Amount - Form I Securities in Safe Deposit Boxes \$	Coverage Amount - Form J Securities on Deposit \$

**VIII. Loss History -- Check if None During Last Six Years**

List all losses, of the types to be covered, incurred within the last six years. Itemize each loss separately.

Date Loss Discovered	Type of Loss	Amount of Loss \$	Amount Recovered From Insurance \$	Describe Circumstances of Loss and Action Taken to Help Prevent Repetition

**PLEASE CHECK ALL RESPONSES. INCOMPLETE INFORMATION OR LACK OF RESPONSE  
MAY RESULT IN DELAYS OR INACCURATE PREMIUM CHARGES**

**WARNING - Colorado, District Of Columbia, Florida, Hawaii, Kentucky, Louisiana, Maine, New Jersey, New York, Ohio,  
Oklahoma, Pennsylvania And Virginia Residents Only**

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 (for New York residents only: 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.) (For Colorado Residents only: 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.) (For Hawaii residents only: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.)

The employees of the applicant have all, to the best of the applicant's knowledge and belief, while in the service of the applicant always performed their respective duties honestly. There has never come to its notice or knowledge, except as stated herein, any information which in the judgment of the applicant indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the applicant may now have in respect to his or her own personal acts or conduct, unknown to the applicant, is not imputable to the applicant.

It is understood that the first premium upon the policy applied for, and subsequent premiums hereon, are due at the beginning of each premium period, that the company is entitled to additional premiums because of any unusual increase in the number of employees and that the applicant agrees to pay all such premiums promptly.

Producer:

Applicant:

By \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_ Title

\_\_\_\_\_ Date