



# SOUTH COAST SURETY

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## Platte River Insurance Company APPLICATION FOR A COMMERCIAL CRIME POLICY FOR MERCANTILE ENTITIES

The form must be completed for each new policy and at the beginning of each premium period for renewal policies.

Bond Number: \_\_\_\_\_

Producer: \_\_\_\_\_

Application is hereby made by \_\_\_\_\_

(List all Insureds, including Employee Benefit Plans)

Principal Address \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip Code)

for a (check the appropriate box): Discovery  , Loss Sustained  \_\_\_\_\_ Commercial Crime Policy with:  
(primary, excess, contributing)

### Coverage Forms

### Limit of Insurance

Coverage Form A—Employee Dishonesty—Blanket .....\$ \_\_\_\_\_

Coverage Form A—Employee Dishonesty—Schedule (see Item 8 on page 4)

Coverage Form B—Forgery or Alteration .....\$ \_\_\_\_\_

to become effective or to be continued as of 12:01 a.m. on \_\_\_\_\_ to 12:01 a.m. on \_\_\_\_\_

Premium payable (check the appropriate box): Annual  , Three year prepaid  , Three equal annual installments  ,  
Other  \_\_\_\_\_

### 1. DESCRIPTION OF YOUR ORGANIZATION:

- (a) Are you a (check the appropriate box): Proprietorship  , Partnership  , Corporation
- (b) Date your business was established \_\_\_\_\_
- (c) Classify your predominant activity (check the appropriate box): Manufacturer  , Processor  , Wholesaler  , Distributor  ,  
Retailer  , Servicer  , Other  \_\_\_\_\_
- (d) Describe the products or services of your predominant business or activity \_\_\_\_\_
- (e) Has there been any change in ownership or management within the past three years?.....Yes  No   
If "Yes", explain \_\_\_\_\_

### 2. AUDIT PROCEDURES:

- (a) Is there an audit by a CPA, public accountant or equivalent, independent of your organization?.....Yes  No   
If "Yes", how often (check the appropriate box): Quarterly  , Semi-Annually  , Annually
- (b) Name and address of person or firm performing audit \_\_\_\_\_
- (c) Are all locations audited? .....Yes  No
- (d) Is the audit made in accordance with generally accepted auditing standards and so certified? .....Yes  No   
If "No", explain the scope of the audit \_\_\_\_\_
- (e) Is the audit report rendered directly to the proprietor, partners if a partnership or Board of Directors if a Corporation? .....Yes  No
- (f) Date of completion of last audit of: cash and accounts \_\_\_\_\_ inventory \_\_\_\_\_
- (g) Were any discrepancies or loose practices commented upon in the audit? .....Yes  No   
If "Yes", submit a copy of the audit and auditor's comments.
- (h) Is there an internal audit by an Internal Audit Department under the control of an employee who is a public accountant or equivalent? .....Yes  No   
If "Yes", are the reports rendered directly to the proprietor, partners if a partnership or Board of Directors if a corporation? .....Yes  No

### 3. INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):

- (a) Are bank accounts reconciled by someone not authorized to deposit or withdraw? .....Yes  No   
If "No", explain \_\_\_\_\_
- (b) Is countersignature of checks required?.....Yes  No   
If "No", explain \_\_\_\_\_
- (c) Are securities subject to joint control of two or more responsible employees? .....Yes  No   
If "No", explain \_\_\_\_\_

4. PRIOR INSURANCE:

(a) Has any similar insurance been declined or cancelled during the past three years?.....Yes  No   
 If "Yes", explain \_\_\_\_\_

(b) Prior insurance to be superseded .....Check if none

Form of Insurance	Effective Date	Expiration Date	Limit of Insurance	Name of Insurance Company
			\$	

(c) List below all fidelity and forgery losses sustained during the past three years, whether reimbursed or not, from \_\_\_\_\_ to \_\_\_\_\_ Check if none   
 (month, day, year) (month, day, year)

Date of Loss	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Amount Recovered from other than Insurance	Amount of Loss Pending	If Loss occurred at other than Head Office, state location
		\$	\$	\$	\$	

5. RATING DATA FOR COVERAGE FORMS A—BLANKET AND B:

(a) Classification of Employees:

(1) Number of Officers \_\_\_\_\_

(2) List below the number of employees in the following classifications:

No. of

- \_\_\_\_\_ Accountants and Asst. Accountants
- \_\_\_\_\_ Adjusters
- \_\_\_\_\_ Administrators and Asst. Administrators
- \_\_\_\_\_ Appraisers and Clerks acting as Appraisers
- \_\_\_\_\_ Attorneys
- \_\_\_\_\_ Auditors and Asst. Auditors
- \_\_\_\_\_ Bookkeepers
- \_\_\_\_\_ Bursars and Asst. Bursars
- \_\_\_\_\_ Bus Drivers
- \_\_\_\_\_ Buyers and Asst. Buyers
- \_\_\_\_\_ Canvassers (door-to-door Salespeople)
- \_\_\_\_\_ Cashiers and Asst. Cashiers
- \_\_\_\_\_ Chairpersons
- \_\_\_\_\_ Chauffeurs
- \_\_\_\_\_ Checkers, food and beverage
- \_\_\_\_\_ Chefs who order food
- \_\_\_\_\_ Collectors
- \_\_\_\_\_ Computer Programmers
- \_\_\_\_\_ Comptrollers and Asst. Comptrollers
- \_\_\_\_\_ Credit Clerks and Managers

No. of

- \_\_\_\_\_ Custodians
- \_\_\_\_\_ Delivery Persons
- \_\_\_\_\_ Demonstrators
- \_\_\_\_\_ Detectives
- \_\_\_\_\_ Dieticians who order food
- \_\_\_\_\_ Drivers and Drivers' Helpers
- \_\_\_\_\_ Floor Walkers
- \_\_\_\_\_ Food Inspectors
- \_\_\_\_\_ Head Pharmacists
- \_\_\_\_\_ Instructors having custody of money or securities
- \_\_\_\_\_ Janitors
- \_\_\_\_\_ Ledger Keepers
- \_\_\_\_\_ Locker Room Attendants
- \_\_\_\_\_ Maitre d's and Asst. Maitre d's
- \_\_\_\_\_ Managers and Asst. Managers
- \_\_\_\_\_ Medical Directors
- \_\_\_\_\_ Messengers, outside
- \_\_\_\_\_ Meter Readers who collect
- \_\_\_\_\_ Payroll Distributors
- \_\_\_\_\_ Professors having custody of money or securities
- \_\_\_\_\_ Purchasing Agents and Asst. Purchasing Agents
- \_\_\_\_\_ Receiving Clerks

No. of

- \_\_\_\_\_ Refinery Gaugers of Oil Companies handling refined gasoline and oils
- \_\_\_\_\_ Salespeople
- \_\_\_\_\_ Security Personnel
- \_\_\_\_\_ Service Station Attendants
- \_\_\_\_\_ Shipping Clerks
- \_\_\_\_\_ Stewards/esses who order food
- \_\_\_\_\_ Stock Clerks
- \_\_\_\_\_ Storekeepers
- \_\_\_\_\_ Storeroom Personnel
- \_\_\_\_\_ Superintendents and Asst. Superintendents
- \_\_\_\_\_ Supervisors and Asst. Supervisors
- \_\_\_\_\_ Taxi Drivers
- \_\_\_\_\_ Teachers having custody of money or securities
- \_\_\_\_\_ Timekeepers and Asst. Timekeepers
- \_\_\_\_\_ Truck Drivers
- \_\_\_\_\_ Warehouse Personnel
- \_\_\_\_\_ Wine Cellar Personnel
- \_\_\_\_\_ Wine Stewards/esses
- \_\_\_\_\_ All other employees not list above who handle, have custody or maintain records of money, securities or other property.

(3) Number of all other employees \_\_\_\_\_

5. RATING DATA FOR COVERAGE FORMS A—BLANKET AND B (cont'd):

(b) Number of additional locations other than the head office \_\_\_\_\_  
 (For manufacturers, processors, wholesalers or distributors show only additional retail locations.)

(c) Deductibles:

(1) Coverage Form A—Blanket:

a. All employees ..... \$ \_\_\_\_\_ Amount  
 b. Specified positions ..... \$ \_\_\_\_\_

List below the positions and number of employees occupying those positions:

No. of Employees	Position(s)
_____	_____
_____	_____
_____	_____

(2) Coverage Form B ..... \$ \_\_\_\_\_

6. COVERAGE AMENDMENTS (ENDORSEMENTS)—COVERAGE FORM A—BLANKET:

(a) If insurance is desired on any of your appointed or elected agents, whether they be persons, partnerships or corporations performing any act or service in connection with the ordinary conduct of your business, complete the following:

Capacity in Which Each Agent Serves	Limit of Insurance
_____	\$ _____
_____	_____
_____	_____
_____	_____

(b) If insurance is desired on any of your partners, list names below:

Name(s)	Name(s)
_____	_____
_____	_____
_____	_____

(c) If insurance is desired on workers leased to you under a written agreement with a labor leasing firm (other than temporary help hired to substitute for permanent employees on leave, or to meet seasonal or short-term workload conditions), complete the following:

Name of Labor Leasing Firm	No. of Leased Workers
_____	_____
_____	_____
_____	_____

(d) If blanket excess limits of insurance are desired on any of your Joint Insureds, complete the following:

Joint Insured(s)	No. of Employees	Excess Limit of Insurance
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____

(e) If excess limits of insurance are desired on any of your employees on either a name schedule or position schedule basis, complete the following:

Item No.	Name Schedule Coverage	Position Schedule Coverage			Excess Limit of Insurance Each Employee
	Name(s) of Covered Employee(s)	Title(s) of Covered Position(s)	Location of Covered Position(s) (City and State)	No. of Employees Each Position	
					\$ _____

7. COVERAGE AMENDMENTS (ENDORSEMENTS)—COVERAGE FORM B:

If insurance is desired, complete the following:

(a) Credit, Debit or Charge Card Instruments:

Covered instruments (check the appropriate box) include  or are limited to  credit, debit or charge cards issued to you or any employee for business purposes .....

No. of  
Cardholders      Limit of Insurance  
\$ \_\_\_\_\_

(b) Warehouse Receipts:

Covered instruments (check the appropriate box) include  or are limited to  warehouse receipts and withdrawal orders .....

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

(c) Personal Accounts of your officers or partners:

Name(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

8. RATING DATA FOR COVERAGE FORM A—SCHEDULE:

If insurance is desired on any of your employees on either a name schedule or position schedule basis, complete the following:

Item No.	Name Schedule Coverage	Position Schedule Coverage			Limit of Insurance Each Employee	Deductible Amount
	Name(s) of Covered Employee(s)	Title(s) of Covered Position(s)	Location of Covered Position(s)	No. of Employees Each Position		
					\$	\$

9. The present officers, employees, agents and partners of the Insured have, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Insured indicated that any of the said officers, employees, agents or partners are dishonest. Such knowledge that any official or officer signing for the Insured may now have in respect to his or her own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Insured) By \_\_\_\_\_ (Name and Title)