

International Placement Services, Inc.

101 S. Hanley Rd., Ste 700

St. Louis, MO 63105

APPLICATION FOR A COMBINATION CRIME POLICY

Application is hereby made by _____
(Exact Name of Insured)

Principal Address _____
(No.) (Street) (City) (State) (Zip)

for a _____ Combination Crime Policy with:
(Primary, Excess, Contributing)

<u>Coverage Forms</u>	<u>Limit of Insurance</u>
Coverage Form A - Employee Dishonesty - Blanket <input type="checkbox"/>	\$ _____
Coverage Form A - Employee Dishonesty - Schedule <input type="checkbox"/> (Refer to Item 9., Page 5)	
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 Annual Three year prepaid Three year in equal annual installments

Other (explain) _____

Are you a Proprietorship Partnership Corporation Date you were established _____

1. DESCRIPTION OF YOUR ORGANIZATION:

(a) Classify your predominant activity:

Manufacturer Processor Wholesaler Distributor Retailer Servicer

Other (explain) _____

(b) Describe the products or services of your predominant business or activity _____

2. AUDIT PROCEDURES:

(a) Is there an audit by an independent CPA, public accountant or equivalent? Yes No

(b) If "Yes", how often: Quarterly Semi-Annual Annual

(c) Are all locations audited? Yes No

(d) Is the audit made in accordance with generally accepted auditing standards and so certified? Yes No

(e) If "No", explain the scope of the audit _____

(f) Is the audit report rendered directly to the proprietor, partners if a partnership or Board of Directors if a corporation? Yes No

(g) Name and address of person or firm performing audit _____

Cash and Accounts

Inventory

(h) Date of completion of last audit of _____

(i) 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

(j) 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 therefrom? Yes No

(b) Is countersignature of checks required? Yes No

(c) Are securities subject to joint control of two or more responsible employees? Yes No

4. Has there been any change in ownership or management within the past three years? Yes No

If "Yes", explain _____

5. Has any insurance been declined or canceled during the past three years? Yes No

If "Yes", explain _____

6. List all losses sustained during the past three years, whether reimbursed or not from _____ to _____

Check if none

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
		\$	\$	\$	\$	

7. Name of prior carrier _____

8. RATING DATA FOR COVERAGE FORM A - EMPLOYEE DISHONESTY - BLANKET:

Total number of: employees _____ ratable employees _____

- (a) Ratable employees consist of: No. of
1. All officers _____
 2. All employees (including entities construed to be employees by endorsement, other than agents and partners) who handle, have custody or maintain records of money, securities or other property, including in any event those holding any position listed below _____
 3. One percent of all others _____

EMPLOYEE CLASSIFICATION TABLE

<u>No. of</u>	<u>No. of</u>
_____ Accountants and Asst Accountants	_____ Ledger Keepers
_____ Adjusters	_____ Locker Room Men
_____ Administrators and Ass't Administrators	_____ Maitre'ds and Ass't Maitre'ds
_____ Appraisers and Clerks acting as Appraisers	_____ Managers and Ass't Managers
_____ Attorneys	_____ Medical Directors
_____ Auditors and Ass't Auditors	_____ Messengers, outside
_____ Beverage Checkers	_____ Meter Readers, who collect
_____ Bookkeepers	_____ Paymasters and Ass't Paymasters
_____ Bursars and Ass't Bursars	_____ Professors, having custody of money or securities
_____ Bus Drivers	_____ Purchasing Agents and Ass't Purchasing Agents
_____ Buyers and Ass't Buyers	_____ Receiving Clerks
_____ Canvassers (door-to-door salesmen)	_____ Refinery Gaugers, of Oil Companies handling refined gasoline and oils
_____ Cashiers and Ass't Cashiers	_____ Salesmen
_____ Chairmen	_____ Service Station Attendants
_____ Chauffeurs	_____ Shipping Clerks
_____ Checkers	_____ Stewards, who order food
_____ Chefs, who order food	_____ Stock Clerks
_____ Collectors	_____ Storekeepers
_____ Computer Programmers	_____ Storeroom Men
_____ Comptrollers and Ass't Comptrollers	_____ Superintendents and Ass't Superintendents
_____ Credit Clerks and Managers	_____ Supervisors and Ass't Supervisors
_____ Custodians	_____ Taxi Drivers
_____ Deliverymen	_____ Teachers, having custody of money or securities
_____ Demonstrators	_____ Timekeepers and Ass't Timekeepers
_____ Detectives	_____ Truck Drivers
_____ Dietitians, who order food	_____ Warehousemen
_____ Drivers and Drivers' helpers	_____ Watchmen
_____ Floor Walkers	_____ Wine Cellar Men
_____ Food Checkers and Inspectors	_____ Wine Stewards
_____ Head Pharmacists	
_____ Instructors, having custody of money or securities	
_____ Janitors	

(b) Number of additional locations other than the head office: _____

(For manufactures, processors, wholesalers or distributors show only additional retail locations.)

(c) If coverage is desired on 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

Limit of Insurance

\$

(d) If coverage is desired on your partners, show names below.

Name

Name

(e) If excess employee dishonesty coverage for specified employees is desired, complete the following:

Name Schedule Coverage	Position Schedule Coverage			Excess Limit of Insurance Each Employee
Names of Covered Employees	Titles of Covered Positions	Location of Covered Positions	No. Employees Each Position	
				\$

(f) If blanket excess limits of insurance are desired on any of your Joint Insureds or any employee performing the duties of a position shown below, complete the following:

Blanket Excess Limit of Insurance

Joint Insured

Position

\$

(g) Deductibles:

1. If a deductible is desired on all employees in **all positions**, show amount

\$ _____

2. Complete the following if a deductible is desired only on employees in **specified positions**

\$ _____

(Note: The deductible may be selected in an amount of \$1,000 or less.)

No. of
Employees

Position

No. of
Employees

Position

9. RATING DATA FOR COVERAGE FORM A - EMPLOYEE DISHONESTY - SCHEDULE:

Complete the following for coverage desired

Name Schedule Coverage	Position Schedule Coverage			Limit of Insurance Each Employee	Deductible Amount
Names of Covered Employees	Titles of Covered Position	Location of Covered Positions	No. Employees Each Position		
				\$	\$

10. RATING DATA FOR COVERAGE FORM B - FORGERY OR ALTERATION:

- (a) Total number of ratable employees: _____ (Same as Item 8(a), Page 3)
- (b) Additional number of locations, if applicable: _____ (Same as Item 8(b), Page 4)
- (c) Complete the following for coverage desired:

	<u>No. of Cardholders</u>	<u>Limit of Insurance</u>
1. Credit, debit or charge card coverage: Under coverage Form B, covered instruments includes <input type="checkbox"/> or limited to <input type="checkbox"/> credit, debit or charge cards issued to you or to any employees for business purposes	_____	\$ _____
2. Warehouse receipts and withdrawal orders coverage: Under coverage Form B, covered instruments includes <input type="checkbox"/> or limited to <input type="checkbox"/> warehouse receipts and withdrawal orders	_____	\$ _____
3. Personal accounts of your officers or partners:		
<u>Name</u>	<u>Limit of Insurance</u>	<u>Name</u>
	\$	\$

(d) Deductibles:

If a deductible is desired, show amount

\$ _____

11. 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 and partners are dishonest. Such knowledge as 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.

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 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 of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Warning: Any person who knowingly, and with intent to defraud any insurance company or any 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 MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any 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, and shall also be subject to a civil penalty not to exceed five thousand (\$5,000) and the stated value 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 PENNSYLVANIA 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 subjects the person to criminal and civil penalties.

Dated at _____ this _____ day of _____ 19 _____

(Insured) By _____
(Name and Title)