CRIME & FIDELITY

01 / APPLICANT AND EXPOSURE PROFILE

Complete all applicable fields. Use Unknown or N/A as needed. Attach extra pages for multiple locations or schedules.

1. Applicant and contact

Legal applicant / business name

DBA / entity type

Primary contact / title

Phone / email

Mailing address / City / State / ZIP

Website / year established

Requested effective date

Annual gross revenue

Employee count / annual payroll

Describe the business, operations, customers, locations, and states / countries involved:

2. Initial exposure questions

Any employee theft, fraud, disappearance, or dishonesty loss? Select

Any client property, money, or funds held or handled? Select

Any wire transfers, ACH payments, or changes to vendor bank details? Select

Any offsite money handling, delivery, or high cash balances? Select

Explain Yes / Unknown answers and any unusual exposures:

Provide current values and limits where available. These questions are an intake guide, not a carrier application.

3. Details for Crime & Fidelity

Employee / contractor count

Locations / states / countries

Employee theft limit requested

Forgery / funds transfer limits sought

Money / securities onsite maximum

Money / securities in transit maximum

Client property / third-party fidelity need

Computer / social engineering need

Largest wire / ACH / vendor payment

Annual revenue / annual payroll

Current carrier / deductible

Discovery / loss-sustained form if known

4. Controls and supporting detail

Dual authorization for payments above a written threshold? Select

Independent callback verifies new or changed bank instructions? Select

Bank reconciliations performed by someone not issuing payments? Select

Duties separated among approval, payment, and reconciliation? Select

Background checks where lawful and access removed promptly? Select

Any control exceptions, prior dishonest acts, or unreconciled shortage? Select

Describe requested insuring agreements, transaction limits, controls, client property, and any exceptions.

Availability, eligibility, and terms depend on underwriting. Additional carrier applications may be required.

5. Current and prior insurance

Current carrier (or None)

Policy number

Effective / expiration dates

Current limit / deductible / retention

Current annual premium (if applicable)

Requested changes / target limit

6. Claims, losses, or circumstances

Any relevant claim, loss, or demand in the past 5 years? Select

Any open dispute, investigation, known incident, or threatened claim? Select

Any cancellation, nonrenewal, declined application, or coverage lapse? Select

For each Yes: date, event, amount paid / reserved, current status, and corrective action. Attach details if needed.

7. Supporting documents

- [ ] Current crime declarations
- [ ] Requested limits schedule
- [ ] Financial / control summary
- [ ] Client contract requirements
- [ ] Five-year loss runs
- [ ] Fraud / shortage details

Send completed forms and documents to info@mad-insurance.com. Do not include passwords, payment details, or SSNs.

I confirm the information is true and complete to the best of my knowledge. This questionnaire does not bind or change coverage. Carrier forms, underwriting, and approval may be required.

Applicant typed name / title

Date