



\_\_\_\_\_  
 Name of Insurance Company to which Application is made (herein called the "Insurer")

**Commercial Crime Policy and  
 Governmental Crime Policy**

**Crime Insurance Application for Fidelity FlashQuote<sup>SM</sup>**

**Section A.**

**GENERAL INFORMATION:**

1. Named Applicant: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_
2. Type of Organization: \_\_\_\_\_ Public \_\_\_\_\_ Private XX Not-For-Profit \_\_\_\_\_ Governmental
3. Annual Revenues: \_\_\_\_\_ Date Business Established: \_\_\_\_\_
4. Website address: \_\_\_\_\_

List (or attach a list of) all entities to be included as joint insureds (including subsidiaries and ERISA plans) to be covered:  
 \_\_\_\_\_  
 \_\_\_\_\_

If all entities listed above (or attached to this application) are owned, controlled, or operated by the first named insured, check here  If not, please provide details for each listed entity.

This application and any attachments include information for all joint insureds to be covered: check here

**Section B.**

**INSURANCE INFORMATION**

Present Coverage	Carrier:	Requested Coverage (if different)		
Insuring Agreement	Limit	Deductible	Limit	Deductible
Employee Theft	\$	\$	\$	\$
Forgery or Alteration	\$	\$	\$	\$
Inside Theft of Money & Securities	\$	\$	\$	\$
Inside Robbery of Other Property	\$	\$	\$	\$
Outside the Premises	\$	\$	\$	\$
Computer Fraud	\$	\$	\$	\$
Funds Transfer Fraud	\$	\$	\$	\$
Money Orders & Counterfeit	\$	\$	\$	\$
Other:	\$	\$	\$	\$

Expiring Annual Premium: \$ \_\_\_\_\_  
 Expiration Date of Current Coverage \_\_\_\_\_ Present Carrier: \_\_\_\_\_

**Section C.**

**UNDERWRITING INFORMATION**

1. Describe your predominant business activity: Not for Profit Community Association
2. If "Guests' Property" coverage is elected, please provide the total number of guest rooms: \_\_\_\_\_
3. Has your operation experienced any of the following losses in the past three years or since the date the business was established?
 

Employee Theft?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Forgery or Alteration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Theft of Money and Securities (inside or outside)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other Crime or Fidelity related losses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. Do you have cash exposure that exceeds the lowest deductible amount on your current

- Crime/Fidelity policy? Yes  No
5. Are there precious metals at any of your locations? Yes  No
6. Do you have access to your client's funds/property (including money, securities, inventory, high value property, banking systems, wire transfer systems, computer systems, sensitive computer data, etc.)? Yes  No
7. Are all of your operations located in the U.S., its territories, or Canada? Yes  No
8. Total number of locations: \_\_\_\_\_  
 (attach a schedule of locations, or complete the information below)
- |         |         |                      |
|---------|---------|----------------------|
| State   | County: | Number of Locations: |
| : _____ | _____   | _____                |
| State   | County: | Number of Locations: |
| : _____ | _____   | _____                |
| State   | County: | Number of Locations: |
| : _____ | _____   | _____                |
| State   | County: | Number of Locations: |
| : _____ | _____   | _____                |
| State   | County: | Number of Locations: |
| : _____ | _____   | _____                |
9. Total Number of employees INCLUDE ALL [  ] Directors/Officers + [  ] Association Employees + [  ] Property Manager Employees = \_\_\_\_\_  
 How many employees handle, have access to, or maintain records of money, securities, or other property (including, but not limited to, directors, officers, trustees, and any person handling or having access to employee welfare or benefit plan assets)? [See Attached Instructions] \_\_\_\_\_
10. Are bank accounts reconciled on a monthly basis? Yes  No
11. Is reconciliation done by someone not authorized to deposit or withdraw therefrom, at all locations? Yes  No
12. Do you have countersignature of checks or a voucher system in place? Yes  No
13. Are your financial statements prepared by an independent auditor at least annually? Yes  No
14. Was your net worth or fund balance positive as of the last fiscal year end? Yes  No
15. Were you profitable as of last fiscal year end? Yes  No
16. Are your Total Assets under \$100 Million? Yes  No
17. Are your Annual Gross Revenues under \$100 Million? Yes  No

**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**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 AUTHORITIES

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**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 IN THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**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 (365:15-1-10, 36 §3613.1).

**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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK 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 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.

The undersigned authorized officer/manager of the applicant declares that the statements set forth herein are true. The undersigned authorized officer/manager agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance

Signing of this application does not bind the applicant or the insurer to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued.

All written statements and materials furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Signed \_\_\_\_\_  
(Applicant)

Date \_\_\_\_\_

95011 (7/07)

Attest \_\_\_\_\_  
Broker \_\_\_\_\_  
License Number \_\_\_\_\_

Address \_\_\_\_\_

Title \_\_\_\_\_  
(must be signed by Chairman of the Board or President)

**QUESTION 9 INSTRUCTIONS:**

**TO ANSWER THE SECOND PARTY OF QUESTION 9 ABOVE USE THE FOLLOWING WORKSHEET:**

Total Number of Directors & Officers: \_\_\_\_\_

Total Number of Independent Property Manager Employees  
Working for the Association: + \_\_\_\_\_

Total Number of Other Association Employees who “handle,  
have access to, or maintain records of money, securities, or other  
property”: + \_\_\_\_\_

**Amount to Insert into 2<sup>nd</sup> Part of Question 9:** = \_\_\_\_\_

If the response above includes Independent Property Manager employees, please list the name of the  
Management company: \_\_\_\_\_