

# CLIENT COVERAGE CRIME INSURANCE SUPPLEMENTAL APPLICATION

Please answer all questions, including with “n/a” if question is not applicable. Do not leave any blanks. If you need more space to answer, please append the information to the end of this application.

1. Principal Applicant: \_\_\_\_\_
2. Principal Address: \_\_\_\_\_  
(Number) (Street) (City) (Province) (Postal Code)
3. Desired Limit of Liability: \$ \_\_\_\_\_ Desired Deductible Amount: \$ \_\_\_\_\_
4. Is the Client coverage required for a) a single Client?  or b) all Clients?

### General Client Service Information

5. What services/functions/operations/tasks are your Employee(s) performing while on your Clients' premises?  
 A: \_\_\_\_\_ B: \_\_\_\_\_
6. Are your service Employees authorized to accept direct payment for products/services? Yes  No   
 If “Yes”, please describe the options for payment and the measures taken to dissuade possible attempted fraud:  
 \_\_\_\_\_
7. Will your Employees have access to your Clients' computer system or networks? Yes  No   
 If “Yes”
  - (A) are your Clients' staff physically present at all times to monitor your Employees' activities? Yes  No
  - (B) does this access involve your Clients' accounting, payment or banking functions in any way? Yes  No
  - (C) does this access involve your Clients' inventory or distribution functions in any way? Yes  No
 If “Yes” to B or C, please provide details as to how these exposures are controlled or mitigated.  
 \_\_\_\_\_
8. Are any special background checks made (including employment records), for all prospective Employees who will work on the premises of your Clients? Yes  No   
 If “Yes”, please provide details: \_\_\_\_\_
9. Will control systems be used to monitor access of your staff to Client premises or sensitive areas? Yes  No   
 Please give details: \_\_\_\_\_

### Blanket Client Coverage Details

 N/A (applying for contract specific coverage)

10. What percentage of total revenue do each of the services noted in question 5 represent:
 

A	_____	% of gross revenue; \$ _____
B	_____	% of gross revenue; \$ _____
11. Number of Employees providing services to Clients for each of the services noted in question 5:
 

A i)	_____	full-time ii) _____	part-time
B i)	_____	full-time ii) _____	part-time

12. What is the typical length of time your Employee(s) stay on your Clients' property? (check as appropriate)  
 A. One day or less  B. One week or less  C. One month or less  D. Other  (please explain)  
 If "Other", please provide details \_\_\_\_\_

**Contract Specific Details**  N/A (applying for blanket coverage)

13. Are you i) bidding on a contract  or ii) is this for an existing contract  ?
14. Please specify the effective and expiration dates of the contract: From: \_\_\_\_\_ To: \_\_\_\_\_
15. Name of contracted Client: \_\_\_\_\_
16. Annual gross dollar value of the contract: \$ \_\_\_\_\_
17. Are any specific extra-contractual or special services provided by your Employees for this Client? Yes  No   
 If "Yes", please describe them: \_\_\_\_\_
18. Total number of Employees providing services to the Client under terms of the contract: Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_
19. Are any services performed for contracted Clients off the Clients' premises? Yes  No   
 If "Yes", please provide details: \_\_\_\_\_
20. What coverage and amount of insurance is required by the contract? (please provide a copy of the contract insurance requirements):  
 Description of coverage required: \_\_\_\_\_ Limit of insurance required: \_\_\_\_\_

**Loss Experience** ( If none please check here  )

21. Provide details of all losses (insured, uninsured, or which may have fallen below any applicable deductibles) and actions commenced against the Applicant in the past five (5) years for any Employee Dishonesty, Disappearance, Destruction, Forgery, Burglary, Robbery, Theft, Computer Fraud, Fraudulently Induced Transfer or other insurance similar to the types(s) being applied for:

Date of Loss	Type of Loss	Amount of Loss	Description of Loss (append if necessary)	Corrective Measures Taken (append if necessary)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

22. Has any insurance similar to that requested herein been declined or cancelled during the past 6 years? Yes  No

This supplemental application is attached to and forms part of the main crime application submitted to the **Underwriter**.

The **Underwriter** and its agent(s) are hereby authorized to make any investigation and/or enquiry in connection with this application as it deems necessary. If coverage is bound subsequently, the Insured agrees that the Underwriter may from time to time use and disclose any and all information it deems necessary to any authority or regulator, its lawyers, affiliates, associates, agents or representatives, as is required for the purposes of its operations as an insurance company.

**The signing of this application does not bind the applicant or the Underwriter. The signatory must be an officer of the applicant, the Risk Manager or the person responsible for the firm's insurance.**

Signed at: \_\_\_\_\_  
(Location) \_\_\_\_\_  
(Date: Day, Month, Year)

Signature: \_\_\_\_\_  
(Signature) \_\_\_\_\_  
(Title)

\_\_\_\_\_   
(Print Name)