



Travelers Casualty and Surety Company of America

Wrap+®

Commercial Crime
Renewal Coverage Application

The term Applicant means all corporations, organizations or other entities, including subsidiaries and Employee Benefit Plans subject to ERISA, that are proposed for this insurance in Item I. GENERAL INFORMATION.

I. GENERAL INFORMATION

1. Applicant Information:

Name of Applicant:
Street Address:
City, State, ZIP Code:
Expiring Policy Number:

II. PROPOSED ADDITIONAL INSUREDS (OTHER THAN APPLICANT)\*

1. Complete the following table indicating all additional entities for which coverage is requested:

Table with 2 columns: Name of Entity, Description of Operations and Relationship to Applicant

To enter more information, please attach a separate page or an organization chart.

\*IMPORTANT NOTE: Receipt of this information does not constitute an agreement that coverage will be provided to the listed entities.

III. EMPLOYEE\*\*/LOCATION/EXPOSURE INFORMATION

1. Number of employees\*\* at all locations:
2. Total number of volunteers (only if Applicant is qualified as a non-profit organization):
3. Total number of locations:
4. a. Number of locations outside the United States:
b. Number of employees\*\* outside the United States:

\*\* Employee count should include full time, part time, leased, temporary and seasonal workers.

5. Indicate the total amount of specified property INSIDE the premises for all locations combined:
Cash \$
Retail Checks\*\*\* \$
Credit Card Receipts \$

6. Indicate the total amount of specified property being transported by a messenger OUTSIDE the premises for all locations combined:
Cash \$
Retail Checks\*\*\* \$
Credit Card Receipts \$

\*\*\* Retail Checks are only those checks that are accepted as immediate payment for retail products or services.

**IV. FINANCIAL INFORMATION**

1. In the next 12 months (or during the past 24 months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of) any reorganization or arrangement with creditors under federal or state law? Yes  No   
*If Yes, please attach an explanation with full details of the circumstances of such an event.*

Note: Omit Question 2 if the limit requested is \$5,000,000 or greater.

2. Complete the following chart providing the requested financial information:

Indicate the following as it relates to the Applicant's fiscal year end (FYE): (Please indicate negative figures with "( )" or "-" as appropriate)	Most Recent FYE (Month/Year) (____/____)	Prior FYE (Month/Year) (____/____)
Total Assets	\$	\$
Retained Earnings (Accumulated Deficit/Fund Deficit)	\$	\$
Net Equity/Net Assets (Deficit Equity)	\$	\$
Revenues	\$	\$
Net Income (Net Loss)	\$	\$

**V. AUDITOR INFORMATION**

1. Has any auditor issued a "going concern" opinion for the **Applicant's** financial statements during the past 12 months? N/A  Yes  No   
*If Yes, please attach an explanation.*

**VI. INTERNAL CONTROLS**

1. Are bank account statements reconciled at least monthly? Yes  No
2. Does someone other than the person responsible for reconciling bank accounts:  
 Make deposits? Yes  No       Make withdrawals? Yes  No       Sign checks? Yes  No
3. Is countersignature of checks required? Yes  No   
*If Yes, what is the dual signing limit? \$ \_\_\_\_\_*
4. Is segregation of duties practiced in the following areas:  
 Inventory management? Yes  No       Cash receipts? Yes  No   
 Vendor approval? Yes  No       Oversight of blank check stock? Yes  No   
 Purchase order approval and payment? Yes  No       Retail checks and credit card receipts? Yes  No
5. Are all incoming checks stamped "for deposit only" immediately upon receipt? Yes  No
6. Are deposits of cash and checks made at least daily? Yes  No
7. Is a physical count of inventory conducted at least annually? Yes  No
8. Are the duties of computer programmers and computer operators separated? Yes  No
9. Is dual authorization required for all wire transfers? N/A  Yes  No

**VII. REQUESTED INSURANCE TERMS**

1. Does the **Applicant** desire any changes to the expiring policy limits of insurance or retentions? Yes  No   
*If Yes, please indicate the desired changes in the table below:*

Desired Crime Coverage	Requested Limit	Requested Retention
Fidelity: Employee Theft	\$	\$
Fidelity: ERISA Fidelity	\$	\$

Desired Crime Coverage	Requested Limit	Requested Retention
Fidelity: Employee Theft of Client Property	\$	\$
Forgery or Alteration	\$	\$
On Premises (Money, Securities and Other Property)	\$	\$
In Transit (Money, Securities and Other Property)	\$	\$
Money Orders and Counterfeit Money	\$	\$
Computer Crime	\$	\$
Funds Transfer Fraud	\$	\$
Personal Accounts Protection	\$	\$
Claim Expense	\$	\$

### VIII. REQUIRED ATTACHMENTS

As part of this Application, please submit the following documents:

- Most recent annual financial statement, for limit requests of \$5,000,000 or greater
- CPA Management Letter, if prepared, as well as management's response thereto, for limit requests of \$5,000,000 or greater

### IX. COMPENSATION NOTICE

#### Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

### X. FRAUD WARNINGS

#### **Attention: Insureds in Alabama, Arkansas, D.C., Maryland, New Mexico, and Rhode Island**

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### **Attention: Insureds in Colorado**

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.

#### **Attention: Insureds in Florida**

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.

#### **Attention: Insureds in Kentucky, New Jersey, New York, Ohio, and Pennsylvania**

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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

#### **Attention: Insureds in Louisiana, Maine, Tennessee, Virginia, and Washington**

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.

**Attention: Insureds in Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**Attention: Insureds in Puerto Rico**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**XI. SIGNATURE SECTION**

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

\_\_\_\_\_  
Signature\* of **Applicant's** Authorized Representative

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\*IF YOU ARE ELECTRONICALLY SUBMITTING THIS APPLICATION TO TRAVELERS, APPLY YOUR ELECTRONIC SIGNATURE TO THIS FORM BY CHECKING THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX BELOW. BY DOING SO, YOU HEREBY CONSENT AND AGREE THAT YOUR USE OF A KEY PAD, MOUSE, OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES YOUR SIGNATURE, ACCEPTANCE, AND AGREEMENT AS IF ACTUALLY SIGNED BY YOU IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.**

**AUTHORIZED REPRESENTATIVE'S ELECTRONIC SIGNATURE AND ACCEPTANCE**

**XII. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE):**

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Code

\_\_\_\_\_  
License Number