

ACORD 141

CRIME SECTION 2000 >>>

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AGENCY	CUSTOMER	ID
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LOC #:

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_ _ _

_	
	DATE (MM/DD/YYYY)

BLDG #:

A	CC	JKD		C		TION 2000			(
AGE	INCY					CARRIER			NAIC CODE
POL	ICY NUI	MBER			EFFECTIVE DATE	APPLICANT (FIRST NAMED INSURED)			
	VERA		BASIS FOR	R COVERAGE:	DISCOVERY	LOSS SUSTAINED			
		COVERAG			DEDUCTIBLE	COVERAGE	LIMI	т	DEDUCTIBLE
EME	LOYEE	THEET				INSIDE THE PREMISES			
	BLANK		SCHEDULE	s		ROBBERY OR BURGLARY OF OTHER PROP	ERTY		
	ERISA			s	N / A	BLANKET SCHEDU	LE \$		
			AGGREGATE	\$		OUTSIDE THE PREMISES			
E	RISA EX	CESS AMOUNT	OVER BLANKET LIMIT	\$		MONEY AND SECURITIES	\$		
			TOTAL ASSET VALUE	\$		OTHER PROPERTY			
		TOTAL AS	SET VALUE (Per Plan)	\$		BLANKET SCHEDU	LE \$		
EMF		THEFT GOVERNM	MENTAL CRIME			COMPUTER FRAUD	\$		
		BLANKET	SCHEDULE	\$		FUNDS TRANSFER FRAUD	\$		
		PER LOSS	PER EMPLOYEE			MONEY ORDERS AND COUNTERFEIT			
FOR	GERY (OR ALTERATION		\$		PAPER CURRENCY	\$		
		PREMISES							
TH		MONEY AND SEC					\$		
		BLANKET	SCHEDULE	\$					
<u> </u>	VERA	GE ENDORS	SEMENTS (Attac	h ACORD 101, Ac	ditional Remarks	Schedule, if more space is requir	ed)		
			HEFT - ADDITIO	NAL INFORMATIC			1		
NAN	IE OF PI	LAN		PRINCI	PAL ADDRESS		NUMBER OF TRUST	C PLA	NUMBER OF
							HANDLING PLAN ASS	SEIS	
			RITIES FIRM RESPON						
			JNDER PLAN(S)? (Y/	N)					
		L "YES" RESPON							Y/N
1			SED? (If "YES", # of	volunteers).					
				· · · · · · · · · · · · · · · · · · ·	—				
2	ANY EI	MPLOYEES LEA	ASED TO OTHERS?	(If "YES", give numbe	er and explain) # OF	EMPLOYEES LEASED TO OTHERS:			
3				RS? (If "YES", give nur	mber and explain)	# OF EMPLOYEES LEASED FROM OTHER			
0. 1									
4.	ANY EN	MPLOYEES PER	RFORM MONEY INV	ESTING OR TRADING	G?				
5.	ANY EN	MPLOYEES RE	CEIVE OR ISSUE W	AREHOUSE RECEIPT	rs?				
6.	ANY EN	MPLOYEE(S) BE	EEN CANCELLED F	OR CRIME COVERAG	E BY ANY INSURER	? (Missouri Applicants - Do not answer th	is question)		
7.	DOES	APPLICANT HA	VE ANY WRITTEN A	AGREEMENTS WITH	CLIENTS?				
8.	DOES	APPLICANT TR	ANSFER ANY FUND	OS VIA PHONE OR FA	X?				

9. ANY EXPOSURE FROM LOSS TO GUEST PROPERTY?

AGENCY CUSTOMER ID:

	SIFICATION OF EMPLOYEES	/1 00	ATIONS			LO	C #:		BLDG #:	
GLAS	LIST ALL OFFICERS AND EMPL			construed to be er	mployees	by endorsement),	OTHER THAN	AGENTS	AND PARTNERS, WHO	
	HANDLE OR HAVE CUSTODY O	F MON	EY, SECURITIES		PÉRTY, IN	CLUDING, IN ANY		POSITION	S LISTED BELOW:	
NUMBER		NUMBE			NUMBER			NUMBER		
	ACCOUNTANTS AND ASSTS ADJUSTERS		COLLECTORS						STOCK CLERKS STOREKEEPERS	
	ADJUSTERS ADMINISTRATORS AND ASSTS		COMPUTER PRO			MAITRE D'S AND AS MANAGERS AND AS			STOREREPERS STOREROOM PERSONNEL	
	APPRAISERS AND		CREDIT CLERKS			MEDICAL DIRECTOR			SUPERINTENDENTS AND AS	STS
	CLERKS ACTING AS APPRAISERS ATTORNEYS		CUSTODIANS			MESSENGERS, OUT			SUPERVISORS AND ASSTS	
	AUDITORS AND ASSTS		DELIVERY PERSO	ONS		PAYROLL DISTRIBU			TAXI DRIVERS	
	BOOKKEEPERS		DEMONSTRATOR			PURCHASING AGEN			TEACHERS HAVING CUSTOR OF MONEY OR SECURITIES	YC
	BUS DRIVERS		DIETITIANS WHO	ORDER FOOD		RECEIVING CLERKS	;		TIMEKEEPERS AND ASSTS	
	BUYERS AND ASSTS		DRIVERS AND DR	RIVERS' HELPERS		REFINERY GAUGER HANDLING REFINED	S OF OIL COS GASOLINE& OILS	s	TRUCK DRIVERS	
	CANVASSERS (Door-to-door salespeople)		FOOD INSPECTO	RS		SALESPEOPLE			WAREHOUSE PERSONNEL	
	CASHIERS AND ASSTS		HEAD PHARMACI			SECURITY PERSON	NEL		WINE CELLAR PERSONNEL	
	CHAIRPERSONS		OF MONEY OR SE	AVING CUSTODY ECURITIES		SERVICE STATION	TTENDANTS		WINE STEWARDS/ESSES	
	CHEFS WHO ORDER FOOD		JANITORS			SHIPPING CLERKS			ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED AE	BOVE
NUMBER	OF TOTAL NUMBER OF S: OTHER EMPLOYEES:			URERS, PROCESSOR UTORS; NUMBER OF	RETAIL LO	CATIONS:	TIONS OTHER	R THAN HO	NUMBER OF LOCA- ME OR HEAD OFFICES:	
	G PRACTICES									
NO EXPL	ANATION REQUIRED									Y/N
1. IS PI	RIOR EMPLOYER HISTORY CHECK	ED?								
2. IS EI	DUCATION AND TRAINING VERIFIEI	D?								
3. IS DI	RUG TESTING CONDUCTED?									
4 IS A	FORMAL TRAINING PROGRAM EST			VED?						
	CREDIT CHECKS SECURED FOR E				TRANGA					
				33 TO TINANCIAL						
	SOCIAL SECURITY NUMBERS VER	IFIED?								
7. IS CI	RIMINAL HISTORY CHECKED?									
_	MANAGERS PROVIDED WITH NAM			LL ASSIGNED EMP	PLOYEES	?				
	ROLS AND AUDIT PROCEDU ANATION REQUIRED UNLESS STATED O									Y/N
	DIT IS PERFORMED BY:		CPA	PUBLIC ACCOUN		STAFF				17N
-	ME AND ADDRESS OF PERSON OR	FIRM				01/41				
3. DA	TE OF COMPLETION OF LAST AUDI	T OF C	ASH & ACCOUNT	S:		DATE OF COMPL	ETION OF LAST		F INVENTORY:	
4. AUI	DIT FREQUENCY?		ANNUAL	SEMI-ANNUAL	QUA	RTERLY				
5. AUI	DIT REPORT IS RENDERED TO:		OWNER	PARTNERS	BOAF	RD OF DIRECTORS				
6. FIN	ANCIAL FORMAT IS:		AUDIT	REVIEW	COM	PILATION	TAX RETUR	RN ONLY		
7. ARI	E ALL LOCATIONS AUDITED?									
8. IS A	AUDIT MADE IN ACCORDANCE WIT	H GEN	ERALLY ACCEPTE	ED AUDITING STAN		ND SO CERTIFIED	0? (If "NO", expl	ain scope (of audit)	
a 14/5							6 .0			
9. WE	RE ANY DISCREPANCIES OR LOOS	SE PRA	CTICES COMMEN	NIED UPON IN THI	S AUDIT?	(If "YES", submit a	copy of the audi	t and audit	or's comments).	_
10. DO	ES AUDIT INCLUDE INVENTORY?									
11. ARI	E REFERENCES OF ALL NEW HIRE	S CHE	CKED WITH RESP	PECT TO EMPLOY	MENT HIS	TORY?				
12. DO	ES AUDIT DEPARTMENT HAVE A P	ROGR	AM TO DETECT GI	HOST EMPLOYEES	S?					
13. IS F	PAYROLL SYSTEM AUDITED ANNUA	ALLY?								
14. IS A	COMPLETE PHYSICAL INVENTOR	Y MAD	E? (If "YES", how o	often):						
15. IS I	NVENTORY MADE BY PERSONS W	HO DO	NOT HAVE CUST	ODY CONTROL?						
16. IS A	REQUISITION / SHIPPING ORDER	REQUI	RED FOR REMOV	AL OF GOODS FR	OM STOR	EROOM / WAREH	DUSE?			

AGENCY CUSTOMER ID: ______ BLDG #: _____

CONTROLS AND AUDIT PROCEDURES - BANKING / OTHER

IO EXPLANATION REQUIRED UNLESS STATED OTHERWISE Y/								
1. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW?								
2. IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS?:								
3. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES?								
4. ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS?								
5. IS THERE A WRITTEN POLICY REC	ARDING EFTS?							
6. WHAT IS THE LARGEST SINGLE A	MOUNT THAT CAN BE TRANSFERRED?: \$							
7. PRIOR TO FUNDS TRANSFER, DOI	S FINANCIAL INSTITUTION VERIFY AUTHENTICITY WITH ANOTHER EMPLOYEE?							
8. ARE HARD COPIES OF FUNDS TRA	NSFER CONFIRMATIONS RECEIVED AND RECONCILED?							
9. FREQUENCY OF DEPOSITS:	DAILY							
 FREQUENCY OF DEPOSITS: ARE DETAILED RECORDS OF BAN 								

MONEY - SECURITIES

ENTER THE EXPOSURES FOR EACH CATEGORY. AMOUNTS ENTERED SHOULD BE MAXIMUM EXPOSURE.									
TYPE MONEY CHECKS FOR DEPOSIT CHECKS FOR ACCOUNTS PAYABLE PAYROLL CHECKS MONEY OVERNIGHT SECURITIES (IN BANK / SAFE DEPOSIT)									
INSIDE	\$	\$	\$	\$	\$	\$			
MESSENGER #1	\$	\$	\$	\$	\$				
MESSENGER #2	\$	\$	\$	\$	\$				

PURCHASING / RECEIVING CONTROLS

NO EXPLANATION REQUIRED

1. ARE DUTIES SEGREGATED?

2. ARE DEPARTMENTS SUPERVISED BY SOMEONE NOT AUTHORIZED TO PAY BILLS?

3. IS RESPONSIBILITY FOR CHECKING MERCHANDISE RECEIVED, CONTROLLED BY MORE THAN ONE INDIVIDUAL?

4. IS ACTUAL RECEIPT OF MERCHANDISE VERIFIED BEFORE PAYMENT IS MADE?

5. IS A NUMBERED PURCHASE ORDER SYSTEM IMPLEMENTED AND FOLLOWED?

COMPUTER FRAUD CONTROLS

NO EXPLANATION REQUIRED	Y/N
1. DO INTERNAL AUDIT PROCEDURES INCLUDE COMPUTER OPERATIONS?	
2. IS THERE AN EMPLOYEE OR DEPARTMENT WHOSE SOLE DUTY IS SECURITY?	
3. ARE SUSPICIOUS TRANSACTIONS REVIEWED AND INVESTIGATED?	
4. IS PHYSICAL ACCESS TO COMPUTER ROOM AND EQUIPMENT RESTRICTED TO AUTHORIZED PERSONNEL?	

PROPERTY

	MAXIMUM VALUE						
MISCELLANEOUS INF	ORMATION	1					
BUSINESS HOURS	AVG #	CHECKS STAMPED	TREGOLIGOT OF	NIGHT	ANNUAL GROSS SALES	DOES PREMISES HAVE	OTHER INFORMATION
BUSINESS HOURS	EMPLOYEES ON DUTY	FOR DEPOSIT ONLY (Y / N)	DEPOSITS	DEPOSITORY USED (Y / N)	OR RECEIPTS FOR LAST FISCAL YEAR	DOUBLE CYLINDER DOOR LOCKS? (Y / N)	OTHERINFORMATION
Start:							
Close:							

Close:

Y/N

AGENCY CUSTOMER ID:

SAFE		ШТ										LC	DC #:		BL	.DG #: _		
	140		MANI	JFACTURER				LABEL	CLASS		OR TY	YPE	COM	BINATION	оскя		THICKNESS	
			MANU	JFACIURER					CLASS	ROUND	S	SQUARE	OUTER	INNER	CHEST	(EXCL B	DOR DLTWORK)	WALL
								UL SMNA										
								UL										
								SMNA										
				ION # OF ARMORE	PR	IVATE							S # OF AF	MORED	PRIVAT	E	CAFETY CA	
MESS'G		# OF GUARE		VEHICLES	CONVETA	ANCE USED? Y / N)	3	USED? (Y /	N)	MESS'GR #		OF GUARD MESSENG			CONVEYANCE (Y / N)		SAFETY SA USED? (
					Γ													7
			POT	ECTION]												_
ALARM T				CRIPTION		EXTENT O)F PF	ROTECTION	ALARM	INSTALLED	AND	SERVICED	BY			# GUARDS	WATCHPE	RSONS
HOL	.D-UP	LC	CAL	GONG	GRADE	SAFE / VAU	LT	PREMISES	1								RPT/	CENT ST
PRE	MISES	C	ENTR	AL STATION		PARTIAL	- -	1 2 3	-							# WATCH PERSONS	CLOO	K HRLY
SAF	E			CONNECT	ACCESSIBL	COMPLE E OPENINGS 8		OTECTION				то	HER PROTE	CTION (Fen	ces, Floodligh	ts. etc)	DON'	T SIGNAL
CERTIFIC	ATE N		ITH K	EYS											, - 3-	,,		
EXPIRAT				(0		1)												
	JYEE	SCHEDU		(Complete								TITLE			LIMIT		DEDUCT	IBLE
														_				
														_				

AGENCY CUSTOMER ID:

ممە	ITIONAL LOCATIONS (Complete ACORD 141 for each location)		LOC #:	BLDG #:				
	ADDRESS	LOC #	ADDRESS	i i i i i i i i i i i i i i i i i i i				
REM	REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: 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 by 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESEN	NTATIVE OF THE APPLICANT A	AND REPRESENTS THAT REASON	NABLE INQUIRY HAS BEEN MADE TO (OBTAIN THE
ANSWERS TO QUESTIONS ON THIS APPLICATION.	HE/SHE REPRESENTS THAT	THE ANSWERS ARE TRUE, COR	RECT AND COMPLETE TO THE BEST	OF HIS/HER
KNOWLEDGE.				

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER