



Application for Commercial Crime Coverage

1. General Information

a. Name of Insured: _____

b. Address: _____

c. Date Established: _____

d. Describe the products or services of your predominant business or activity

Locations

Domestic	Foreign	Grand Total

Totals

2. INTERNAL CONTROLS PRACTICES

1. AUDITS:

(A) Are the books audited by an approved auditor? _____ If so, by whom? _____
_____ How often? _____

(Please attach a copy of the latest audited financial statements)

(B) Are these audits complete and unqualified? _____ if not, describe the limitations _____

(C) Are these audits made for each entity to be covered? _____ if not, explain _____

(D) Does the audit include all locations? _____

2. INVENTORY CONTROL:

Is a complete inventory made with physical check of stock and equipment? _____

By whom? _____ How often? _____



3. BANK ACCOUNT CONTROL:

Do the employees who reconcile the monthly bank statements also either

- (a) Sign checks? Yes No
- (b) Handle deposit Yes No
- (c) Have access to check signing machines or signature plates Yes No

It is inadvisable for the reconciliation to be done by an employee who also signs checks, handles deposits or has access to check signing machines or signature plates because under such circumstances losses may be concealed.

If any answer in question No. 3 is yes, will you correct this weakness? Yes No

Is countersignature of checks required? Yes No

Over what limit? _____

4. COMPUTER CONTROL:

- (A) Are pre-authorization controls maintained for all programmers and operators? Yes No
- (B) Are the duties of programmers and operators separated? Yes No
- (C) Is the output reconciled by persons who do not prepare or process the input? Yes No
- (D) Do audit practices include "tests" to detect unauthorized programming changes? Yes No
- (E) Are computerized check writing operations segregated from departments that authorize checks? Yes No

5. SECURITIES: State the value of negotiable securities owned or held (If none, so state) _____

Where are the securities kept? _____

If safe deposit boxes are used, has the bank been instructed to require that two individuals be present before access to any box is permitted? _____ if not, identify by name and position of those having access _____

6. PRECIOUS METALS: Is there an exposure of precious metals or stones, such as Gold, Silver, Copper, Platinum, Industrial Diamonds or similar high-value materials? _____ If yes, attach a separate listing of such exposures, identify each such location and state a maximum value at each such location.



7. EMPLOYEE

1. CLASS I EMPLOYEES in % of total employees _____

Employees located in foreign countries. Please specifically list countries in the space provided and use a separate sheet if necessary:

Country	Domestic	Foreign	Number of Locations	Type of Operation
TOTAL				

8. MONEY, SECURITIES & PAYROLL EXPOSURES

Indicate maximum amount of:

a) Money _____

b) Checks _____

c) Cash Payroll _____

d) Negotiable Securities _____

5. LOSS EXPERIENCE

List all employee dishonesty, burglary, robbery, disappearance, destruction and forgery losses discovered by the Insured in the last six (6) years, itemizing each loss separately.

Check if none

Date of Loss	Total Amount*	Description	Precautions Taken to Prevent Repetition



Ryan Specialty Group Sweden AB

* Please include that part of any loss covered by insurance as well as any additional amount incurred by the Insured.

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 AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION FORM ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Place and Date _____

Signature _____ Title _____