



The Herbert H. Landy Insurance Agency, Inc.
 75 Second Ave. Suite 410
 Needham, MA 02494
 800-336-5422
 Completed applications can be sent to info@landy.com or faxed to 800-344-5422

Commercial Crime Policy Application

Application is hereby made by _____
 (Please attach a list of all Insureds, including Employee Benefit Plans)

Principal Address _____ City _____ State _____ Zip _____

Policy Effective Period _____ to _____

1. Insuring Agreement

	Limit of Insurance	Deductible
1. Employee Dishonesty	\$	\$
2. Forgery or Alteration	\$	\$
3. Inside the Premises	\$	\$
4. Outside the Premises	\$	\$
5. Computer Fraud	\$	\$
6. Money Orders and Counterfeit Paper Currency	\$	\$
7. Loss of Clients' Property	\$	\$
8. Funds Transfer Fraud	\$	\$

2. Employees and Locations

Total Employees _____ Independent Contractors _____ Total Locations _____

3. Description of your organization

a. Date of Establishment _____

4. Internal Controls

	Yes	No
a. Are bank accounts reconciled monthly?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are bank accounts reconciled by someone not authorized to deposit, withdraw, or write checks?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are vouchers/supporting records stamped "PAID" when checks are signed?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you maintain a list of approved vendors?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is countersignature of all checks required? If yes, above what amount? _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Are systems designed so that no single employee can control a transaction from beginning to end (e.g. approve a voucher, request and sign a check)?	<input type="checkbox"/>	<input type="checkbox"/>
g. Do you screen your employees for prior acts of dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you have a system in place to prevent and detect payments to fictitious vendors?	<input type="checkbox"/>	<input type="checkbox"/>
i. Is all purchasing centralized out of your main office?	<input type="checkbox"/>	<input type="checkbox"/>
j. Is there personal supervision of business activities on a daily basis by an Owner?	<input type="checkbox"/>	<input type="checkbox"/>
Does that person	Yes	No
Deposit all cash receipts?	<input type="checkbox"/>	<input type="checkbox"/>
Sign or countersign all checks?	<input type="checkbox"/>	<input type="checkbox"/>
Check petty cash periodically?	<input type="checkbox"/>	<input type="checkbox"/>
Reconcile all bank accounts?	<input type="checkbox"/>	<input type="checkbox"/>
Verify shipping and receiving activities?	<input type="checkbox"/>	<input type="checkbox"/>
Review journal entries?	<input type="checkbox"/>	<input type="checkbox"/>

4. Internal Controls *Continued* **Yes** **No**

k. Is segregation of duties performed in the following					
	Yes	No			
Inventory management?	<input type="checkbox"/>	<input type="checkbox"/>	Oversight of check stock?	<input type="checkbox"/>	<input type="checkbox"/>
Vendor approval?	<input type="checkbox"/>	<input type="checkbox"/>	Shipping and receiving?	<input type="checkbox"/>	<input type="checkbox"/>
l. Are the property accounts separate from your operating accounts?				<input type="checkbox"/>	<input type="checkbox"/>

5. Prior Insurance **Yes** **No**

a. Has any similar insurance been declined or canceled during the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

6. Cash and Metals Exposure **Yes** **No**

a. What is the total amount of specified property for all locations combined:		
Cash \$ _____	Retail Checks \$ _____	Credit Card Receipts \$ _____
b. Do you handle, store, or use valuable or precious and/or non-precious metals?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please complete our Metals Questionnaire <i>(available upon request)</i>		

7. Financial Status *(per latest FYE)* **Total** **% Change from prior year**

a. Annual Gross Assets		
b. Annual Gross Sales		
c. Net Profit		
d. Net Worth		

8. Loss History

Enter all claims or occurrences that may give rise to claims for the prior 5 years* Check if No Losses

Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Claim Status	
				Open	Closed
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Please attach corrective actions taken if there is previous loss history*

9. Property Manager *(Please complete the below if you are a Property Manager)* **Yes** **No**

a. Are the funds for each property maintained in a separate account?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does anyone other than the property manager:		
Sign checks?	<input type="checkbox"/>	<input type="checkbox"/>
Make purchases?	<input type="checkbox"/>	<input type="checkbox"/>
Hire contractors?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , who? _____		
c. Are rent payments always received as checks or electronic payments?	<input type="checkbox"/>	<input type="checkbox"/>
If no , describe the controls in place to prevent theft of cash.		

10. Law Firm *(Please complete the below if you are a Law Firm)*

Yes **No**

a. Are the operating accounts of the firm and the closing accounts kept separate? If no, how does your firm differentiate between your client's funds and the firm's funds?	<input type="checkbox"/>	<input type="checkbox"/>
b. Who has access to escrow accounts? _____		

NOTICE TO APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Applicant Signature _____ **Title** _____ **Date** _____

Producer Signature _____ **Title** _____ **Date** _____