

# Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060  
 Phone: (800) 752-8402 • Fax: (317) 776-6891  
 www.roushins.com • Email: quote@roushins.com

Agency \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Public Entity Supplemental Application Crime Information Section (attaches to PE-APP-GEN Applicant Information Section)

1. Name of Applicant: \_\_\_\_\_

**Applicant means all entities, organizations including subsidiaries proposed for Crime Coverage**

<b>A. CURRENT INSURANCE INFORMATION/ REQUESTED INSURANCE</b>
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COVERAGE	Limit of Insurance	Deductible
Employee Theft Governmental Crime Include Faithful Performance of Duty? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Per Loss <input type="checkbox"/> Per Employee	\$	\$
Forgery or Alteration	\$	\$
Inside the Premises—Theft of Money and Securities	\$	\$
Inside the Premises—Robbery or Safe Burglary of Other Property	\$	\$
Outside the Premises Money and Securities	\$	\$
Computer Fraud	\$	\$
Funds Transfer Fraud	\$	\$
Money Orders and Counterfeit Currency	\$	\$

**Note: Public Entity Policy—Crime Coverage Endorsement may not be available in your state. Coverage may be offered on a monoline crime policy.**

1. Expiring Insurer: \_\_\_\_\_  
 2. Expiring Premium: \_\_\_\_\_  
 3. Effective Date: \_\_\_\_\_

**B. LOSS INFORMATION**

1. Has the applicant sustained any crime related losses during the past three years?.....  Yes  No  
 If yes, please complete the information below: (use separate sheet if necessary)

Date of Loss	Amount of Loss	Description of Loss	Corrective Action Taken

**C. EMPLOYEE /LOCATION /EXPOSURE INFORMATION**

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

- Number of employees at all locations: \_\_\_\_\_  
 Number of employees handling money/checks/securities: \_\_\_\_\_
- Total number of locations: \_\_\_\_\_
- Indicate the total amount of specified property INSIDE the premises for all locations:  
 Cash: \_\_\_\_\_ Checks: \_\_\_\_\_ Credit Card Receipts: \_\_\_\_\_
- Indicate the total amount of specified property OUTSIDE the premises for all locations:  
 Cash: \_\_\_\_\_ Checks: \_\_\_\_\_ Credit Card Receipts: \_\_\_\_\_  
 Number of messengers: \_\_\_\_\_
- Amount of money left at the premises overnight: \_\_\_\_\_

Premises/Safe Protection

- What type of alarm(s) do you have at each of your premises:  
 Hold-Up     Premises Alarm     Safe Alarm
- Alarm Description:     Local Gong     Central Station     Police Connect     With Keys  
 If alarms vary by location, please describe: \_\_\_\_\_
- Type of safe or vault: \_\_\_\_\_
- Please describe any additional protection: \_\_\_\_\_  
 \_\_\_\_\_

**COMPLETE SECTIONS D., E., F., AND G. WHEN EMPLOYEE THEFT OR MONEY AND SECURITIES LIMITS ARE IN EXCESS OF \$100,000, OR IF ANY OTHER CRIME COVERAGE IS DESIRED.**

**D. HIRING PRACTICES**

- Is prior employer history checked? .....  Yes  No
- Are credit checks secured for employees with access to financial transactions? .....  Yes  No
- Are reference checks performed and verified on all new employees? .....  Yes  No
- Is criminal history checked? .....  Yes  No
- Does the applicant employ any person(s) who has been convicted of theft or fraud? .....  Yes  No
- Have any employees been cancelled for crime coverage by any insurer? .....  Yes  No

**E. INTERNAL CONTROLS**

Entities practicing proper segregation of duties along with background checks on new employees have a better opportunity to prevent or detect employee theft. Segregation of duties means no single individual has complete control over processes or transactions from start to finish.

- 1. Are bank 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. What is the frequency of Deposits?     Daily             Weekly             Other
- 4. Is countersignature of checks required? .....  Yes  No  
At what amount are dual signatures required: \_\_\_\_\_
- 5. Is electronic signature used?.....  Yes  No  
If yes, describe security methods that are utilized: \_\_\_\_\_  
\_\_\_\_\_
- 6. Are checks and drafts kept in a locked area? .....  Yes  No  
If yes, describe where they are kept and how they are secured: \_\_\_\_\_  
\_\_\_\_\_
- 7. Are all incoming checks stamped "For Deposit Only" immediately upon receipt? .....  Yes  No
- 8. Are the duties of computer programmers and computer operators separated? .....  Yes  No
- 9. Is dual authorization required for all wire transfers? .....  Yes  No
- 10. Are all controls listed above imposed on all locations? .....  Yes  No
- 11. Are all officers and employees required to take annual vacations of at least five consecutive business days?.....  Yes  No

**F. COMPUTER AND FUNDS TRANSFER CONTROLS**

- 1. Is there a software security system in place to detect fraudulent computer usage by employees, agents, and outsiders?.....  Yes  No
- 2. Are passwords and access codes changed at regular intervals and when user access is terminated? ....  Yes  No
- 3. Are computer programmers allowed to use machines with programs written by them? .....  Yes  No
- 4. Are computer check writing programs separate from check authorization? .....  Yes  No
- 5. Is there physical and functional separation of personnel along with periodic job shifts or rotations? .....  Yes  No
- 6. Are transfer verifications sent to an employee or department other than the one who initiated the transfer? .....  Yes  No
- 7. Describe the computer security procedures performed when an employee leaves the entity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. AUDITOR INFORMATION**

- 1. Scope of financial preparation:  
 Internal             CPA compilation             CPA Review             CPA Audit             None

2. Date last audit was completed: \_\_\_\_\_
3. Is the audit submitted to a regulatory authority for review? .....  Yes  No
4. Were any discrepancies or internal control deficiencies identified in the audit? .....  Yes  No
5. Is there an internal audit department under the control of an employee who is a public accountant or equivalent? .....  Yes  No
6. Are all locations audited? .....  Yes  No
7. What is audit frequency?     Quarterly         Semi-Annual         Annual
8. Is the audit made in accordance with Generally Accepted Auditing Standards and so certified? .....  Yes  No