



ProSurance Group

COMMERCIAL CRIME Renewal Application

I. Applicant Information

Producer	Policy Status <input type="checkbox"/> Renewal/Replacement of Policy No. _____
Exact Name of Applicant - include all subsidiary entities, employee benefit plans, etc. to be covered:	
Mailing Address (Street, City, State, Zip)	
Nature of Operation – Describe Applicant’s Product(s) or Service(s)	
Size of Operation Annual Revenues: \$ _____ Total Assets: \$ _____ Total No. of Locations: _____	

II. Coverage Information

Desired Effective/Renewal Date		
Desired Insuring Agreement(s), Limit(s), Deductible(s)		
Insuring Agreements	Limit of Insurance	Deductible
1 - Employee Theft	\$	\$
2 - Forgery or Alteration	\$	\$
3 - Inside The Premises - Theft of Money and Securities	\$	\$
4 - Inside The Premises – Robbery or Safe Burglary of Other Property	\$	\$
5 - Outside The Premises	\$	\$
6 - Computer Fraud	\$	\$
7 - Funds Transfer Fraud	\$	\$
8 - Money Orders, Counterfeit Paper Currency	\$	\$
Additional Agreements or Coverage Desired (specify)	\$	\$
	\$	\$
	\$	\$

III. Changes

Have there been any material changes to your business, exposures, controls, accounting, audit or the like since your last application? (Not applicable in Missouri.) If yes, please explain:

IV. Loss History -- Check if None During Last Six Years

List all losses, of the types to be covered, incurred within the last six years. Itemize each loss separately. For Employee Theft losses involving off-site clients' property, please indicate "CLE" under "Type of Loss".

Date Loss Discovered	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Describe Circumstances of Loss and Action Taken to Prevent Repetition

Attach additional sheets if necessary

INSURANCE FRAUD PREVENTION ACT NOTICES

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

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

Colorado Fraud Statement: 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.

District Of Columbia Fraud Statement: WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who, knowingly and with intent to injure, defraud, or deceive an 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.

Hawaii Fraud Statement: For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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

Maine Fraud Statement: 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, or a denial of insurance benefits.

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

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Fraud Statement: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York Fraud Statement: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud

Pennsylvania Fraud Statement: 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.

Tennessee Fraud Statement: 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.

Virginia Fraud Statement: 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.

Vermont Fraud Statement: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or 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.

Washington Fraud Statement: 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.

Signing this Application does not bind ProSurance Group, Inc. to provide or the Applicant to purchase the insurance. This Application represents that the information furnished in this Application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this Application or otherwise, shall be grounds for the rescission of any Bond or Policy issued in reliance upon such information.

Must be signed by director, executive officer, partner or equivalent

Dated at _____ this _____ day of _____, 20__

Applicant

(Print Applicant Name)

By:

(Name and Title of Person Signing)



ProSurance Group

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APPENDIX 1 – CLASSIFICATION OF EMPLOYEES

	NO U.S	NO CAN		NO. U.S.	NO CAN		NO. U.S.	NO CAN
Officials			Management			Sales		
Director (performing employee duties)	___	___	Manager	___	___	Sales Manager	___	___
Trustee (performing employee duties)	___	___	Assistant Manager	___	___	Asst. Sales Manager	___	___
President	___	___	Branch Manager	___	___	Floorwalker	___	___
Vice President	___	___	Asst. Branch Manager	___	___	Buyer	___	___
Treasurer	___	___	Dept. Manager	___	___	Assistant Buyer	___	___
Assistant Treasurer	___	___	Superintendent	___	___	Car Salesperson	___	___
Secretary	___	___	Asst. Superintendent	___	___	Salesperson (outside who collect)	___	___
Comptroller	___	___	Supervisor	___	___	Canvasser	___	___
Staff Attorney	___	___	Asst. Supervisor	___	___	Gas Station Attendant	___	___
Bursar	___	___	Purchasing Agent	___	___	Collector	___	___
Assistant Bursar	___	___	All Other	___	___	All Other	___	___
All Other	___	___						
Accounting			Stock			Delivery		
Internal Staff Auditor	___	___	Stock Clerk	___	___	Driver	___	___
Assistant Auditor	___	___	Shipping/Receiving Clerk	___	___	Driver's Helper	___	___
Cashier	___	___	Warehouseperson	___	___	Chauffer	___	___
Assistant Cashier	___	___	Custodian	___	___			
Bookkeeper	___	___	Watchperson	___	___	Computers		
Paymaster	___	___	Dietitian (who orders food)	___	___	Senior Programmer	___	___
Timekeeper	___	___	Appraiser	___	___	Senior Operator	___	___
Adjuster	___	___	Pharmacist	___	___	IT Technicians	___	___
Accountants (Senior for Acct Firms)	___	___	Bartender	___	___			
			Refinery Gauger	___	___	All other ratable Employees	___	___
Total Number of Ratable Employees	U. S. _____	Canada _____		Total Number of all Employees U. S. _____		Canada _____		
Total Number of Retail Locations	U. S. _____	Canada _____		Total Number of All Locations U. S. _____		Canada _____		

ADDITIONAL INFORMATION TO ACCOMPANY RENEWAL APPLICATION

1. Most Recent Year End Financial Statement
2. CPA Letter to Management and Response
3. Form ADV Parts I and II (where applicable)