

**I. APPLICANT**

A. *Name and Principal Address*

B. *Statistics*

1. \$ \_\_\_\_\_ Revenues
2. \$ \_\_\_\_\_ Assets
3. \_\_\_\_\_ Employees
4. Locations within the US and Canada:      \_\_\_\_\_ Retail      \_\_\_\_\_ Non-retail
5. Locations outside the US and Canada:      \_\_\_\_\_ Retail      \_\_\_\_\_ Non-retail

**II. ATTACHMENTS**

Please attach the following (checking off the items). If not available, please so state. If available at a website, please give URL.

- Your latest Annual Report to shareholders
- Your latest audited financial statements
- The last management letter from outside auditors and management's responses
- A list of all prospective insureds (including employee benefit plans)
- A census of employees by country of domicile
- A census of "Class 1 Employees" by function (Appendix 1)
- A list of retail locations by country, state, county, etc.
- Details of any litigation against or by you in the last year which has any bearing on the perils or exposures insured under the policy

**III. PRIOR LOSSES**

Yes  No  In the past year has any proposed insured (or entity that was at the time an insured under a predecessor policy) reported or discovered any loss or potential loss (whether or not recoverable from insurance) of the type generally covered under the proposed insurance? (If your answer is subject to a reporting threshold, please state it.)

Please list the losses below and attach complete details of the loss and measures to prevent reoccurrence.

Date of Loss	Gross Amount	Description of Loss	Status of Claim

**IV. CHANGES**

Yes  No  Have there been any material changes to your business, exposures, controls, accounting, audit or the like since your last application? If "yes", please explain.

The insured 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.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
(Print Insured Name)

By \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name and Title of Person Signing)

## APPENDIX 1 – CLASSIFICATION OF EMPLOYEES

- |                                                   |                                                              |
|---------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Directors                | <input type="checkbox"/> Salespersons Who Do Not Collect     |
| <input type="checkbox"/> Officers                 | <input type="checkbox"/> Purchasing Agents & Buyers          |
| <input type="checkbox"/> Managers                 | <input type="checkbox"/> Delivery Persons Who Collect        |
| <input type="checkbox"/> Administrators           | <input type="checkbox"/> Delivery Persons Who Do Not Collect |
| <input type="checkbox"/> Professionals            | <input type="checkbox"/> Drivers Who Collect                 |
| <input type="checkbox"/> Accountants              | <input type="checkbox"/> Drivers Who Do Not Collect          |
| <input type="checkbox"/> Comptrollers             | <input type="checkbox"/> Storekeepers & Storeroom Personnel  |
| <input type="checkbox"/> Programmers              | <input type="checkbox"/> Shipping Clerks                     |
| <input type="checkbox"/> Bookkeepers              | <input type="checkbox"/> Superintendents                     |
| <input type="checkbox"/> Cashiers                 | <input type="checkbox"/> Payroll                             |
| <input type="checkbox"/> Data Entry               | <input type="checkbox"/> Custodians                          |
| <input type="checkbox"/> Salespersons Who Collect | <input type="checkbox"/> Messengers                          |

Other employees with significant access to money, securities or valuable inventory

\_\_\_\_\_ TOTAL CLASS 1  
 \_\_\_\_\_ ALL OTHER  
 \_\_\_\_\_ GRAND TOTAL

If you wish to include as covered insiders any agents, consultants, contractors, leased employees, retired employees or the like, please specify the numbers of each type and their titles and duties:

NOTICE TO ARKANSAS APPLICANTS: "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."

NOTICE TO COLORADO APPLICANTS: "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 AUTHORITIES."

NOTICE TO FLORIDA APPLICANTS: "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 IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "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."

NOTICE TO MAINE APPLICANTS: "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."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "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."

NOTICE TO NEW YORK APPLICANTS: "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, 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."

NOTICE TO OHIO APPLICANTS: "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."

NOTICE TO PENNSYLVANIA APPLICANTS: "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."

NOTICE TO VIRGINIA APPLICANTS: "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."