



**Worldwide
Facilities, Inc.**

Commercial Crime Application

First Named Insured: _____
(Please attach list of any additional insureds to be included for coverage)

Address: _____

Effective Date: _____ Expiration Date: _____

| INSURING AGREEMENT | 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 and Safe Burglary | | |
| 5. Outside the Premises | | |
| 6. Computer Fraud | | |
| 7. Funds Transfer Fraud | | |
| 8. Money Orders and Counterfeit Money | | |

PRIOR INSURANCE:

1. Has any similar insurance been declined or cancelled during the past three years? Yes No
 2. Current Crime Coverage: _____ Check here if none:

| EFFECTIVE DATE | EXPIRATION DATE | LIMIT OF INSURANCE | CARRIER | PREMIUM |
|----------------|-----------------|--------------------|---------|---------|
| | | | | |
| | | | | |

BUSINESS DESCRIPTION:

1. Legal Entity: Proprietorship Partnership Corporation Other: _____
 2. Date of Establishment: _____
 3. Has there been any change in ownership or management within the past three years? Yes No
 If "Yes", please explain: _____
 4. Predominant Business Activity: _____

 5. Total revenue for most recent fiscal year? \$ _____
 6. Are you or any of your subsidiaries involved in Trading? Yes No
 7. Do you handle, store, or use for manufacturing, precious and/or non-precious metals? Yes No
 If "Yes", what type? _____ At how many locations? _____
 Average Exposure: \$ _____ Maximum Exposure: \$ _____

| | TOTAL EMPLOYEES | TOTAL LOCATIONS |
|----------------------|-----------------|-----------------|
| U.S. | | |
| CANADA | | |
| OTHER FOREIGN | | |
| GRAND TOTAL | | |

LOSS HISTORY:

Enter all claims or occurrences that may give rise to claims for the past five years. Check here if none:

| DATE OF OCCURRENCE | TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM | AMOUNT OF LOSS | AMOUNT PAID | CLAIM STATUS (OPEN OR CLOSED) |
|--------------------|---|----------------|-------------|-------------------------------|
| | | | | |
| | | | | |
| | | | | |

Comments/Corrective Action taken: _____

PREMISES EXPOSURE AND CONTROLS:

| | MONEY | SECURITIES (OTHER THAN CHECKS) | CHECKS | MONEY OVERNIGHT |
|----------|-------|--------------------------------|--------|-----------------|
| Exposure | | | | |

1. Are Money, Securities, and Checks stored in a safe or vault? Yes No

| MANUFACTURER | LABEL | CLASS | DOOR TYPE | | COMBINATION LOCKS | | | THICKNESS | |
|--------------|---------|-------|-----------|--------|-------------------|-------|-------|-----------|------|
| | UL/SMNA | | Round | Square | Outer | Inner | Chest | Door | Wall |
| | | | | | | | | | |
| | | | | | | | | | |

2. What type of alarm(s) is/are at each premises?

- Hold-up Alarm Premise Alarm Safe Alarm
 Local Gong Central Station Alarm Police Connected Alarm

3. If alarms vary from location to location, please explain: _____

4. List certificate number(s) and expiration date(s) for alarms: _____

5. Is safe/vault protection partial or complete? _____

6. Name of installation and service company for alarms: _____

7. Specify number of guards and/or watchpersons on duty each shift: _____

8. Description of any additional protection (e.g. fences, floodlights, etc.): _____

INTERNAL CONTROLS:

| | YES | NO |
|--|--------------------------|--------------------------|
| AUDIT PROCEDURES: | | |
| 1. Are financial statements audited by a public accountant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the public accountant's opinion unqualified? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does it include all interests and locations on an annual basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have all recommendations made by the accountant been adopted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there a full-time professional staff auditor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the staff auditor conduct and audit annually or on a surprise basis? _____ | | |
| 7. Is there a formal audit program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If weaknesses are discovered, does the auditor report in writing to the First Named Insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are wire transfer procedures audited? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are foreign locations audited at least annually? | <input type="checkbox"/> | <input type="checkbox"/> |
| BANK ACCOUNT CONTROLS: | | |
| 11. Are bank accounts reconciled monthly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are bank accounts reconciled by someone not authorized to deposit, withdraw, or write checks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is countersignature of all checks required? Above what amount? _____ If not, who has authority to sign checks? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do all vouchers or other supporting records accompany all checks to be signed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are vouchers/supporting records stamped "PAID" when checks are signed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are systems designed to prevent one employee from controlling a transaction from beginning to end (e.g. approve a voucher, request, and sign a check)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are securities subject to the joint control of two or more employees? | <input type="checkbox"/> | <input type="checkbox"/> |

| VENDOR/SHIPPING AND RECEIVING CONTROLS: | | |
|--|--------------------------|--------------------------|
| 18. Are background checks performed on vendors in order to determine ownership and financial capability prior to doing business with them? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Is an authorized vendor list utilized and updated annually? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is competitive bidding required for all purchases above stated amounts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are requisitions and purchase orders issued only with approval by specified personnel above specified limits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Are perpetual inventories of materials and supplies and maintained periodically verified by physical count? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Are all persons engaged in purchase or sales activities prohibited from taking part in shipping and receiving activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Are all shipping and receiving activities reconciled to all applicable sale or purchase orders? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Does any employee have access to the purchasing system and also the accounts payable system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Is all purchasing centralized out of the main office? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Do you have a system in place to detect payment to fictitious suppliers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Do the same internal controls apply to locations outside of the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| PAYROLL CONTROLS: | | |
| 29. Do you screen your employees for prior acts of dishonesty? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Are credit reports checked when screening new employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Is payroll made up of persons other than those who distribute it to employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Are all persons authorized to hire and/or terminate employees prohibited from distributing the payroll? | <input type="checkbox"/> | <input type="checkbox"/> |
| SUPERVISION BY OWNER: | | |
| 33. Is there personal supervision of business activities on a daily basis by an Owner, Partner, or Director? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Does that person: | | |
| 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"/> |
| Verify accounts receivable 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"/> |
| INTERNET SECURITY: | | |
| 35. Do you buy or sell goods via the Internet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Do you have a Firewall? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Do you have an Intrusion Detection System that identifies unauthorized access? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Has your computer system ever been invaded by a Hacker or Virus? | <input type="checkbox"/> | <input type="checkbox"/> |
| If "Yes" to questions 38, please explain when and what controls have been implemented to prevent further incidences? _____ | | |

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.

Applicant's Signature: _____

Date: _____

| | |
|-----------------------------|---|
| ALASKA | A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law. |
| ARIZONA | For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. |
| ARKANSAS | 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. |
| CALIFORNIA | For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. |
| COLORADO | 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 | 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. |
| HAWAII | 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. |
| IDAHO | Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. |
| INDIANA | Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony. |
| LOUISIANA | 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 | 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. |
| MINNESOTA | Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. |
| NEW HAMPSHIRE | Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. |
| NEW MEXICO | 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 | 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 | 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 | 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 | 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. |
| PENNSYLVANIA | 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 | 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 | 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. |
| WASHINGTON | 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. |