

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Effective Date: \_\_\_\_\_

### AUDITS

Are annual financial audits conducted by an independent CPA?  Yes  No

Is inventory audited?  Yes  No

What kind of opinion did CPA give on most recent audited financials?  Clean  Qualified  Compilation Only

### CHECK SIGNING

Are all checks stamped "For Deposit Only" upon receipt?  Yes  No

Are two, hand-affixed, signatures (countersignature) required on checks?  No  Over \$1,000  Over \$5,000  All

If no, who signs? Name: \_\_\_\_\_ Title: \_\_\_\_\_

If mechanically affixed signatures are used, by computer or otherwise, how many people are authorized to use? \_\_\_\_\_

Is the person who edits/verifies/approves the issued checks the same person who issues them?  Yes  No

### ACCOUNTING CONTROLS

Is money (cash/checks) deposited the same day as collected?  Yes  No If NO, when? \_\_\_\_\_

How many people handle/count the money? \_\_\_\_\_

Are employees who are authorized to reconcile bank account statements permitted to handle deposits or sign checks without countersignature?  Yes  No

How often are bank accounts reconciled?  Monthly  Quarterly  Annually

Do different people perform each of the following functions?  Yes  No

- a. Money (cash/checks) receipts
- b. Disbursements
- c. Deposits
- d. Bank Account Reconciliations

If NO, explain?

**BURGLARY AND ROBBERY**

Is a safe used?  Yes  No If YES, for what? \_\_\_\_\_

Is a burglar alarm in use?  Yes  No If YES, is it:  Central Station  Local

Are deposits made:  By mail  Directly at bank

**CURRENT COVERAGE**

Company \_\_\_\_\_ Employee Theft (Dishonesty) Limit: \$ \_\_\_\_\_

Third Party Liability Limit: \$ \_\_\_\_\_ Money Inside/Outside Limit: \$ \_\_\_\_\_ / \_\_\_\_\_

ERISA Covered Plan Name: \_\_\_\_\_

Claims in Past 5 Years: \_\_\_\_\_

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by One80 may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

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.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_