

**CLIENT PROPERTY QUESTIONNAIRE
SUPPLEMENTAL APPLICATION**

Applicant: _____
(Please list all Insured's)

Address: _____
(Number) (Street) (City) (State) (Zip Code)

Effective Date: _____ **to** _____ **Prior Coverage:** YES NO

If yes, **Carrier:** _____ **Limits:** _____ **Deductible:** _____

Requested Limits: _____ **Deductible:** _____

1. What type of services/work will you perform for your client(s)? Provide details: _____

2. Will this work be performed on your client(s) premises or remotely? Provide details: _____

3. Will you have access to your client's funds/property (including money, securities, inventory, high value property, banking systems, wire transfer systems, computer systems, sensitive computer data, etc)? NO YES If YES, advise to what extent you will have access to this property along with the approximate dollar value:

4. Number of employees who will be performing work for your client(s)? _____

5. To what extent do you perform background checks on your employees?

Prior employment Reference checks Criminal records Credit history Drug testing

6. Will you be performing services for your client(s) during normal business hours? YES NO

If NO, at what time will you be performing your work? _____

7. Will your employees be supervised by your client(s) while performing services? YES NO

If NO, what safeguards will be in place? _____

8. What physical and internal controls are in place to prevent and detect Employee Theft losses involving your client's

Funds and /or property? Provide details: _____

9. To what extent will your client(s) audit the services you provide for them? Provide details: _____

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10. Do you have any knowledge of an employee stealing from a client in the past or at this time? YES NO If

YES, provide complete details including correctives implemented. _____

12. Provide a list of the client(s) that you will be providing services for. If services are being provided under a contract, indicate the start and completion date and attach a copy of the contract(s).

NAME OF CLIENT	LIMIT OF COVERAGE REQUESTED	START & END DATE OF CONTRACT	DOLLAR AMOUNT OF CONTRACT
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

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)



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