

## **INSTRUCTIONS FOR COMPLETING YOUR ESIP CRIME RENEWAL SURVEY**

This is a fill-in form. You can either type or hand-write the information.

**This form is only needed if your Crime Policy is not already included in your ESIP insurance policy (i.e. for your Relief Association Crime Policy).**

Please complete all applicable information. If you need any assistance, please do not hesitate to call us:

- Toll Free: 800-882-0801
- New Jersey Office Direct: 609-492-8911
- Mahanoy City Office Direct: 570-773-3554
- Wes, Cellular: 215-317-8414
- Tony, Cellular: 570-764-6033

After completing, print and sign at the appropriate areas and mail to:

**General Insurance Agency, Inc.  
2007 Long Beach Blvd.  
Long Beach Twp., NJ 08008**

Or fax to:

**609-492-8922 or 570-773-3554**

Or scan and e-mail to:

**[steve@generalinsuranceinc.com](mailto:steve@generalinsuranceinc.com)**

Crime Supplement



McNeil & Company, Inc.  
PO Box 5670 - 20 Church Street  
Cortland, NY 13045  
(800) 822-3747  
Fax: (607) 756-5051

**General Information**

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Date of survey: \_\_\_\_\_ Insurance Renewal Date: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_  
(please include all organizations that are to be included as insureds)

FEIN: \_\_\_\_\_

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

County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Website Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Insurance Agent Information**

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Agent's Name: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

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

Agency telephone: \_\_\_\_\_ Agency fax: \_\_\_\_\_

Date proposal is needed: \_\_\_\_\_ Agency e-mail address: \_\_\_\_\_

Do you currently write this account?  Yes  No

If so, for how long? \_\_\_\_\_ With what Carrier? \_\_\_\_\_

Is the account Sub-Brokered?  Yes  No

If Yes, please indicate Agency Name: \_\_\_\_\_

# Crime

## Fidelity

Type of Bond:

Commercial Blanket

Limit of Insurance

\$ \_\_\_\_\_

Number of Class I Employees\*

\_\_\_\_\_

Number of Class II Employees\*

\_\_\_\_\_

\*Include volunteers if performing the same duties as employees.

Position Schedule

Position

Limit of Insurance

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

Faithful Performance

Forgery or Alterations

\$ \_\_\_\_\_

## Money and Securities

Note: \$25,000 money and securities coverage is provided under the Property Coverage Extensions (ESIP only).

\$5,000 money and securities coverage is provided under the Property Coverage Extensions (ASIP only).

If this limit is insufficient, please indicate the needed amount of insurance on Page 2 of this survey. If increased limits are needed only to cover *special events*, describe below:

Event	Date of Event	Limit Needed
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

List all persons managing funds:

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Do the persons managing funds turn over this function to another for a period of 2 weeks, every year to prevent theft?  Yes  No

Are Invoices or Requisitions kept? (This documents what item or service is being paid for, who the vendor is, and who authorized the item or service)  Yes  No

Are Invoices or Requisitions, Check Register and Bank Statement cross-checked against each other?  Yes  No

Largest amount of petty cash kept on hand? \$ \_\_\_\_\_

During what months are the receipts the largest? \_\_\_\_\_

Is money ever stored in the building overnight?  Yes  No

If Yes, amount and how stored: \_\_\_\_\_

**Crime (continued)**

All receipts are deposited in a bank within:  2 days  1 week  Over 1 week

Are all incoming checks immediately stamped "For Deposit Only"?  Yes  No

Do all checks require 2 signatures?  Yes  No

To whom and how often is there a report of receipts and disbursements? \_\_\_\_\_

By whom and how often are the accounts examined? \_\_\_\_\_

When were the accounts last examined? \_\_\_\_\_

Fund Raising Events: Approximate maximum receipts per day: \$ \_\_\_\_\_

Are bank deposits made after each day of the event?  Yes  No  
 Is the depositor accompanied by an armed police officer?  Yes  No  
 Is the money stored at a member's house?  Yes  No

What is your annual revenue? \$ \_\_\_\_\_

**Claims History**

Have there been any Crime claims or losses in the last five years?  Yes  No

If yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved.\*

DOL	DESCRIPTION	STATUS	AMOUNT

\*Attach separate pages if needed.

**Application Signatures & State Fraud Statements**

**APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT**

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.

**APPLICABLE IN ARKANSAS - 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.

**APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT**

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**APPLICABLE IN COLORADO - 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.

**APPLICABLE IN FLORIDA - FLORIDA FRAUD STATEMENT**

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 of the third degree.

**APPLICABLE IN IDAHO - IDAHO FRAUD STATEMENT**

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.

**APPLICABLE IN INDIANA – INDIANA FRAUD STATEMENT**

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.

**APPLICABLE IN KENTUCKY - KENTUCKY FRAUD STATEMENT**

Any person who knowingly and with intent to defraud an 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.

**APPLICABLE IN LOUISIANA - 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.

**APPLICABLE IN MAINE – 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 include imprisonment, fines or a denial of insurance benefits.

**APPLICABLE IN MINNESOTA – MINNESOTA FRAUD STATEMENT**

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**APPLICABLE IN NEW HAMPSHIRE – NEW HAMPSHIRE FRAUD STATEMENT**

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.

**APPLICABLE IN NEW JERSEY - NEW JERSEY FRAUD STATEMENT**

New Jersey law requires us to give you the following notice: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**APPLICABLE IN NEW MEXICO – 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.

**APPLICABLE IN NEW YORK - NEW YORK FRAUD STATEMENT**

**Automobile:** 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, and any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**Other Than Automobile:** 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.

**APPLICABLE IN OHIO - 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.

**APPLICABLE IN OKLAHOMA – OKLAHOMA WARNING**

**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.

**APPLICABLE IN OREGON – OREGON FRAUD STATEMENT**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**APPLICABLE IN PENNSYLVANIA – PENNSYLVANIA FRAUD STATEMENT**

Any person who knowingly and with intent to defraud an 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.

**APPLICABLE IN TENNESSEE - 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.

**APPLICABLE IN UTAH - UTAH FRAUD STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

**APPLICABLE IN VERMONT – VERMONT FRAUD STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

**APPLICABLE IN VIRGINIA – 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.

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS SURVEY AND THAT THE INFORMATION PROVIDED IN THIS SURVEY, INCLUDING ANY ATTACHMENTS, IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.**

Applicant's Signature  \_\_\_\_\_

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

Name and title (please print):  \_\_\_\_\_

Insurance Agent's Signature \_\_\_\_\_

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