



CRIME APPLICATION

Chapter/State Council: _____

Chapter/Council Address : _____

- How many bank accounts are maintained? _____
What was the largest balance during the immediate prior 12 months? _____
- Are bank accounts reconciled by someone not authorized to deposit or withdraw from the account? (For control purposes, it is our recommendation that there be a separation of duties.) YES _____ NO _____
If "Yes", answer a & b (below):
a. How often? _____
b. By whom? _____
- Do all disbursements require at least two signatures? YES _____ NO _____
If "No", will a two signature policy be implemented? YES _____ NO _____
Specify name, position and limit of authority for those individuals with signature authority::
1. _____
2. _____
- Are bank checks maintained under lock and key? YES _____ NO _____
If so, are the lock and key maintained by a person not authorized to sign checks? YES _____ NO _____
- Are all incoming check(s) immediately stamped "For Deposit Only"? YES _____ NO _____
- Are receipts required to support individual items in excess of \$25.00? YES _____ NO _____
- How often are the books audited? _____ Who audits them? _____
- List all sources that generate income: _____

9. Have you incurred any fidelity losses in the last three years? YES _____ NO _____
If "Yes", attach a detailed explanation of the loss(s) and corrective actions taken to prevent similar losses from occurring in the future.

10. Please select the desired limit:

Limit Selection	Limit of Liability	Deductible	3-Year (2019-2022) Prepaid Premium
<input type="checkbox"/>	\$ 10,000	\$100	\$200
<input type="checkbox"/>	\$ 25,000	\$250	\$300
<input type="checkbox"/>	\$ 50,000	\$500	\$425
<input type="checkbox"/>	\$100,000	\$1,000	\$575
<input type="checkbox"/>	\$250,000	\$2,500	\$775

Authorized Signature: _____ Date: _____
Printed Name/Title: _____

NOTE: National Headquarters will pay the premium for the first \$10,000 of coverage. For limits of \$25,000 or greater, subtract the amount paid by National from the total premium due, and remit the balance. Example: for a \$25,000 bond effective in 2010, the total premium due is \$300. National will be billed for \$200; your chapter will remit the balance due of \$100.

Premium Calculation
Premium Due: \$ _____
National's Payment: \$200
Net Due: \$ _____

Please return this application (and premium) to:

Hays Companies
Attn: Executive Risk Department
80 S. 8th Street, Suite 700
Minneapolis, MN 55402
Telephone: (800) 647-4297

