



Equisure, Inc.
 13790 E Rice Pl Ste 100
 Aurora, CO 80015
 303-614-6961
 800-752-2472

**Equisure – Crime Protection Plus Application
 (for limits less than \$1,000,000)**

INSURING AGREEMENTS:

- 1: Employee Dishonesty
- 2: Forgery or Alteration
- 3: Inside the Premises – Theft, Disappearance & Destruction
- 4: Outside the Premises – Theft, Disappearance & Destruction
- 5: Money Orders and Counterfeit Paper Currency
- 6: Computer and Funds Transfer Fraud

Contact Equisure for an application if your group is domiciled in California as this application does not apply to California risks.

Applicant Name (Include Employee Benefit Plans to be named for ERISA Fidelity coverage):

Address:

City:

State:

Zip Code:

Phone number:

Effective date:

Number of employees:

Year business/club started:

Number of volunteers:

Non-profit or For-Profit company:

Number of Directors & Officers:

Estimated annual sales/revenue: \$

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|---|-----|----|
| 1. Has the Applicant had any crime claims within the past five (5) years? | Yes | No |
| 2. Has any prior insurer ever cancelled, non-renewed or refused to renew coverage? | Yes | No |
| 3. Are the Applicant's bank accounts reconciled monthly by someone not authorized to make deposits / withdrawals? | Yes | No |
| 4. Are countersignatures required on checks? If yes, at what amount? \$ | Yes | No |

Choose limit and agreement:	Limit	Deductible	Agreement 1 Only	Agreements 1 - 6
	\$10,000	\$1,000	\$212	\$370
	\$15,000	\$1,000	\$217	\$379
	\$25,000	\$1,000	\$225	\$394
	\$50,000	\$1,000	\$281	\$491
	\$100,000	\$2,500	\$336	\$588
Other:	\$	\$		

MAKE CHECKS PAYABLE TO: Equisure, 13790 E. Rice Pl., Suite 100, Aurora, CO 80015

WARNING: 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

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

This application must be signed by the Risk Manager or other person responsible for purchasing insurance.

Name (Please Print)

Title

Signature

Date