



Fidelity & Crime Application

For Security, Investigation and Electronic Security Firms

One Blue Hill Plaza - Suite 530 - PO Box 1646 - Pearl River NY - 10965 - 845-735-0700 - 800-214-0207 - Fax 845-735-8383

1. Name _____ Website _____

2. Address _____
Street City ST Zip

3. Do you maintain additional offices or other locations? Yes No *If yes, please list addresses below or on a separate sheet:*

4. Person to contact _____ Title _____

5. Telephone _____ Fax _____ Email _____

6. Date Established _____ License # _____ Individual Partnership Corp. Other

7. Principal _____ Experience _____

8. Total Number of Employees: _____

9. Prior Fidelity Coverage:

Insurance Company	Effective Date	Limit/Deductible

10. Limit Desired: \$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

Deductible Desired: \$2,500 \$5,000 \$10,000

11. Does any person, other than the owner, have sole authority to sign checks over \$2,500? Yes No

12. Do you perform any armored car/cash courier services? Yes No

13. Does your employment hiring protocol include criminal background checks and prior employment checks? Yes No

14. Does the same individual who distributes pay also have the ability to fire and/or hire employees? Yes No
if yes, are paychecks "positive pay" (automated cheque matching process) from a bank or software? Yes No

15. Has the insured suffered any fidelity losses in the past five years? Yes No
If yes, please provide company loss runs or details of the claim on separate sheet.

16. Other than the owner, is the person who reconciles your bank account also allowed to make withdrawals and cash deposits? Yes No

17. Do employees have direct access to locations with precious metals, drugs, high value cargo or cash? Yes No

18. Do you currently have a health and welfare program, welfare trust or 401K plan for employees? Yes No
If yes, please fill out the health and welfare detail section on page 2

Signature

Title

Date

NOTE TO APPLICANTS:

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 conceal 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

INSURANCE FRAUD WARNING STATEMENT

This statement is provided to you with the insurance application or claim form that you are filing. READ the applicable Fraud Warning Statement for the state in which your claim is being made before executing and submitting either attached document to the Insurer or your agent.

ALASKA
§21.36.380

All insurance claim forms:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA
§20-466.03

All insurance claim forms:

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.

ARKANSAS
§23-66-503

All insurance applications and claim forms:

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.

CALIFORNIA
§1871.2
§1879.2

All insurance claim forms:

For your protection, California law requires the following to appear on this form:

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.

§1871.3

Claim forms pertaining to auto theft:

False representations made on a claim form signed by the insured subject the insured to a penalty of perjury.

§5401.7

All workers' compensation claim forms:

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

COLORADO
§10-1-128

All insurance applications, policy and claim forms:

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.

DELAWARE
11§913

All insurance claim forms:

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA
§22-3225.9

All insurance applications and claim forms:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA
§817.234

All insurance applications and claim forms:

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.

§440.105

All workers' compensation claim forms:

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in §817.234.

HAWAII
§431:10C-307.7

All auto insurance applications and claim forms:

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

IDAHO
§41-1331

All insurance claim forms;

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA
§27-2-16-3

All insurance claim forms:

A 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.

KENTUCKY
§304.47-030

All insurance claim forms:

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing 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.

All insurance application forms:

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 commits a fraudulent insurance act, which is a crime.

LOUISIANA
§40:1424

All insurance applications and claim forms:

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.

MAINE §2186(3)(A)	All insurance applications and claim forms: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
MINNESOTA §60a.955 §176.178	All insurance claim forms: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. All workers' compensation claim forms: Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to section 609.52, subdivision 3.
NEW HAMPSHIRE §402:82	All insurance claim forms: 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 RSA638:20.
NEW JERSEY §17:33A-6	All insurance claim forms: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. All insurance application forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
NEW MEXICO §59A-16C-8	All insurance applications and claim forms: 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.
NEWYORK §403(d) §403(e)	All insurance applications and claim forms except auto: 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. All auto insurance applications and claim forms: 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 of each violation.
OHIO §3999.21	All insurance applications and claim forms: 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.
OKLAHOMA §3613.1	All insurance applications and claim forms: 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.
PENNSYLVANIA §18-4117 §75-1822	All insurance applications and claim forms: 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. All auto applications, renewals and claim forms: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.
TENNESSEE: §56-53-111 §56-47-112	All insurance applications and claim forms: 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. All workers' compensation applications and claim forms: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.
TEXAS: §704.002(a)	All insurance claim forms: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
UTAH: §34A-2-110	All workers' compensation applications and claim forms: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.
VIRGINIA: §52-40	All insurance applications and claim forms: 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.



Reg. 194 Mandatory Initial Disclosure

As required by the New York State Insurance Department

As an independent insurance agent or insurance broker I, or my firm, (hereafter "I") may have access to more than one insurance company to place your coverage. Whether acting as an independent insurance agent or insurance broker I have certain obligations to you as the purchaser and certain obligations to the insurance company as determined in both statutory and case law. If acting as an independent insurance agent I may have authority to obligate the insurance company on your behalf and as a result I may be required to act within the scope of my contractual agreement with the company.

As the purchaser you need to understand that I typically will receive compensation from the selling company based on the agreement I have with the company. That compensation may vary from company to company and also be impacted by the volume of business I place with the company, the profitability of that business and other factors.

You may receive information about my compensation on the policy or policies you select and about any policies I have presented to you which you did not select by asking me for the information.