

# International Application Employee Dishonesty, Money & Securities Supplement

## Applicant Information

## Wholesale Broker Information

Named Insured: \_\_\_\_\_

Brokerage Name: Cover Agency, Ltd  
170-14 Union Turnpike  
Fresh Meadows, NY 11366 USA

### Coverages Requested

Employee Dishonesty Requested Limit: \$ \_\_\_\_\_      Forgery or Alteration Requested Limit: \$ \_\_\_\_\_      Money & Securities Requested Limit: \$ \_\_\_\_\_

### Classification of Employees

List # of Officers, Partners and Employees including those construed to be employees by endorsement Who Handle, Control or Have Custody of Money, Securities or Other Property:

Officers or Partners	Managers	Accountants, Auditors, Bookkeepers	Salespersons	Other

If "Other Employees", Describe: \_\_\_\_\_

### General Information About Company's Foreign Operations

#### Premises Protection

Is Safe or Vault Used to Store Money & Securities?      Yes  No

If Yes, Where is Safe or Vault located? \_\_\_\_\_

Who has Access to Vault? \_\_\_\_\_

Does Premise(s) Have Burglar Alarm System?      Yes  No

#### Internal Controls other than Audit Procedures

Are Accounts Reconciled by Someone Not Authorized to Deposit or Withdraw?      Yes  No

Are Securities Subject to Joint Control of Two or More Responsible Employees?      Yes  No

#### Messengers

# Messengers That Transport Money & Securities? \_\_\_\_\_

Are Messengers Protected by Guards or Security?      Yes  No

Is Private Conveyance and/or Safety Satchel Used?      Yes  No

Are Background Checks Performed on Messengers?      Yes  No

Describe Messenger \_\_\_\_\_  
Selection Process: \_\_\_\_\_  
\_\_\_\_\_

#### Audit Procedures

Are Audits Performed at Overseas Locations?      Yes  No

If Yes, are Audits Performed by Firm Independent of Insured's Organization?      Yes  No

If No, is There an Internal Audit Procedure?      Yes  No

How Often are Audits Performed?      Yes  No

Are All Locations Audited?      Yes  No

The undersigned authorized officer of the corporation declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or us, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.

Signature of Insured's Representative: \_\_\_\_\_

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

Signature of Producer: \_\_\_\_\_

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