

International Application Employee Dishonesty, Money & Securities Supplement

Applicant Information

Wholesale Broker Information

Named Insured: _____

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

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: _____