

# ACORD™ MISCELLANEOUS CRIME COVERAGE SECTION

DATE

|                     |           |                          |                                    |              |  |   |  |
|---------------------|-----------|--------------------------|------------------------------------|--------------|--|---|--|
| PRODUCER            |           | PHONE<br>(A/C, No, Ext): | APPLICANT<br>(First Named Insured) |              |  |   |  |
| EFFECTIVE DATE      |           | EXPIRATION DATE          | DIRECT BILL                        | PAYMENT PLAN |  | AUDIT                                   |  |
| AGENCY BILL         |           | FOR COMPANY USE ONLY     |                                    |              |  | BASIS FOR COVERAGE                      |  |
| CODE:               | SUB CODE: |                          |                                    |              |  | <input type="checkbox"/> DISCOVERY      |  |
| AGENCY CUSTOMER ID: |           |                          |                                    |              |  | <input type="checkbox"/> LOSS SUSTAINED |  |

## PLAN 1

| COVERAGE FORM 1 - LESSEE OF SAFE DEPOSIT BOXES |       |            |
|--|-------|------------|
| NAME AND ADDRESS OF DEPOSITORY                 | LIMIT | DEDUCTIBLE |
|  |       |            |

| COVERAGE FORM J - SECURITIES DEPOSITED WITH OTHERS |  |            |
|--|--|------------|
| NAME AND ADDRESS OF CUSTODIAN                      | LIMIT                                      | DEDUCTIBLE |
|  |  |            |
| CUSTODIAN NUMBER                                   | NAME AND ADDRESS OF CUSTODIAN'S DEPOSITORY |            |
|  |  |            |

## PLAN 3&4: STOREKPRS BROADFORM OR BURG/ROB    PLAN 5: OFFICE BURG/ROB    PLAN 6: GUESTS PROP-SAFE DEPOSIT BOX

| PLAN | LIMIT | DEDUCTIBLE | LIMIT | DEDUCTIBLE | LIMIT: LOC 1 | LIMIT: LOC 2 |
|------|-------|------------|-------|------------|--------------|--------------|
| 3    | 1000  | 2000       |       |            |              |              |
| 4    | 1500  | 2500       |       |            |              |              |

## PLAN 7: GUESTS PROP/PREMISES    PLAN 8: SAFE DEPOSITORY

| CHECK HERE IF STANDARD LIMIT OF 1000/GUEST AND 25000/OCCURRENCE | FORM M - LIABILITY COVERAGE |       |                | FORM N - DIRECT LOSS COVERAGE |       |            |
|---|-----------------------------|-------|----------------|-------------------------------|-------|------------|
|   | LOC#                        | LIMIT | #/RENTED BOXES | LOC#                          | LIMIT | DEDUCTIBLE |
| INCREASED GUEST LIMIT:  |                             |       |                |                               |       |            |
| # OF ROOMS:   |                             |       |                |                               |       |            |

## PLAN 9: EXCESS BANK BURGLARY & ROBBERY    PLAN 10: BANK EXCESS SECURITIES

| COVERAGE               | LIMIT | DEDUCTIBLE | COVERAGE            | LIMIT | DEDUCTIBLE | LIMIT | DEDUCTIBLE |
|------------------------|-------|------------|---------------------|-------|------------|-------|------------|
| ROBBERY OF A CUSTODIAN |       |            | SAFE/VAULT BURGLARY |       |            |       |            |

## PREMISES/SAFE PROTECTION

| ALARM TYPE                        | ALARM DESCRIPTION                        | GRADE                            | EXTENT OF PROTECTION |          |   | ALARM INSTALLED AND SERVICED BY | # GUARDS | WATCHPERSONS |
|-----------------------------------|--|----------------------------------|----------------------|----------|---|---------------------------------|----------|--------------|
| <input type="checkbox"/> HOLD-UP  | <input type="checkbox"/> LOCAL GONG      |                                  | SAFE/VAULT           | PREMISES | 1 2 3                                       |                                 |          | RPT/CENT ST  |
| <input type="checkbox"/> PREMISES | <input type="checkbox"/> CENTRAL STATION |                                  | PARTIAL              |          |   |                                 |          |              |
| <input type="checkbox"/> SAFE     | <input type="checkbox"/> POLICE CONNECT  |                                  | COMPLETE             |          |   |                                 |          |              |
| WITH KEYS                         |  | ACCESSIBLE OPENINGS & PROTECTION |                      |          | OTHER PROTECTION (Fences, Floodlights, etc) |                                 |          |              |
| CERTIFICATE NUMBER                |  |                                  |                      |          |   |                                 |          |              |
| EXPIRATION DATE:                  |  |                                  |                      |          |   |                                 |          |              |

**PREMISES, MESSENGER & ARMORED MOTOR VEHICLE SCHEDULE**

| LOC # | # MESS'GR | # OF ARM'D VEH | LIMITS |         | LOC # | # MESS'GR | # OF ARM'D VEH | LIMITS |         |
|-------|-----------|----------------|--------|---------|-------|-----------|----------------|--------|---------|
|       |           |                | INSIDE | OUTSIDE |       |           |                | INSIDE | OUTSIDE |
|       |           |                |        |         |       |           |                |        |         |
|       |           |                |        |         |       |           |                |        |         |
|       |           |                |        |         |       |           |                |        |         |
|       |           |                |        |         |       |           |                |        |         |
|       |           |                |        |         |       |           |                |        |         |
|       |           |                |        |         |       |           |                |        |         |

**ADDITIONAL LOCATIONS**

| LOC # | ADDRESS |
|-------|---------|
|       |         |
|       |         |
|       |         |
|       |         |
|       |         |
|       |         |

**EMPLOYEE SCHEDULE**

| LOC # | NAME OF EMPLOYEES TO BE COVERED | TITLE | LIMIT | DEDUCTIBLE |
|-------|---------------------------------|-------|-------|------------|
|       |                                 |       |       |            |
|       |                                 |       |       |            |
|       |                                 |       |       |            |
|       |                                 |       |       |            |
|       |                                 |       |       |            |
|       |                                 |       |       |            |
|       |                                 |       |       |            |
|       |                                 |       |       |            |
|       |                                 |       |       |            |
|       |                                 |       |       |            |
|       |                                 |       |       |            |
|       |                                 |       |       |            |
|       |                                 |       |       |            |
|       |                                 |       |       |            |
|       |                                 |       |       |            |
|       |                                 |       |       |            |

**REMARKS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)