## Application COMPREHENSIVE CRIME POLICY (CRIMEGUARD)

FL- 163 CRIMEG



1. NAME OF APPLICANT AND PRINCIPAL LOCATION	
2. NATURE OF OPERATIONS	
3. ANNUAL TURNOVER	
4. NUMBER OF LOCATIONS	
5. NUMBER OF EMPLOYEES	
6. A) NAME OF EXTERNAL AUDITORS	
B) DO THEY AUDIT ALL OPERATIONS?	
C) IF ANY RECOMMENDATIONS HAVE BEEN MADE ABOUT INTERNAL SYSTEMS, PLEASE EXPLAIN.	
7. IS THERE AN INTERNAL AUDIT DEPARTMENT? DO THEY:	YES[] NO[]
A) HAVE AN ESTABLISHED AUDIT CYCLE FOR ALL OPERATIONS?	YES [ ] NO [ ]
B) AUDIT ALL PREMISES ON A REGULAR BASIS?	YES [ ] NO [ ]
C) AUDIT COMPUTER RECORDS IN STORAGE?  D) AUDIT ALL EDP FUNCTIONS?	YES [ ] NO [ ] YES [ ] NO [ ]
E) APPROVE ALL AMENDMENTS TO COMPUTER PROGRAMS BEFORE THEY ARE RELEASED TO USERS?	YES[] NO[]
F) RUN A "TEST DECK" TO DETECT CHANGES MADE WITHOUT AUTHORIZATION?	YES [ ] NO [ ]
G) CARRY OUT REGULAR, RANDOM AND SURPRISE CHECKS ON STOCKS OF RAW MATERIALS, WORK IN PR	OGRESS AND FINISHED GOODS?
8. WHAT PROCEDURES ARE USED FOR RECRUITING STAFF AND ASSESSING THEIR SUITABILITY FOR POSITIONS	YES [ ] NO [ ] OF TRUST?
9. ARE ALL STAFF REQUIRED TO TAKE TWO WEEKS UNINTERRUPTED HOLIDAY EACH YEAR?  10. ARE WAGES/SALARIES INDEPENDENTLY CHECKED AGAINST PERSONNEL RECORDS?	
11. ARE DUTIES OF EMPLOYEES SEGREGATED SO THAT NO INDIVIDUAL CAN CONTROL ANY OF THE FOLLOW	ving transactions
FROM COMMENCEMENT TO COMPLETION?	
A) SIGNING CHECKS ABOVE US\$5,000.00.	
B) ISSUING FUNDS TRANSFER INSTRUCTIONS?	
C) ISSUING AMENDMENTS TO FUNDS TRANSFER PROCEDURES?	
D) INVESTMENT IN AND CUSTODY OF SECURITIES OF OTHER VALUABLES (INCLUDING BLANK CHECKS, TRA	AVELERS CHECKS, BILLS OF EXCHANGE, ETC.)?
E) AUTHORIZING CAPITAL EXPENDITURE?	
12. ARE MONTHLY STATEMENTS OF ACCOUNT SENT TO CUSTOMERS INDEPENDENTLY OF EMPLOYEES RECEIVED	ING PAYMENT?
13. IS RECONCILIATION OF BANK STATEMENTS AND CLIENT ACCOUNTS CARRIED OUT BY PERSONS NOT AUTOUNDS, ISSUED FUNDS TRANSFER INSTRUCTIONS OR DISPATCH ACCOUNTS TO CLIENTS?	THORIZED TO DEPOSIT/WITHDRAW
14. A) DOES YOUR COMPUTER SYSTEM OFFER A DIAL UP FACILITY?	
B) IF SO, IS THIS RESTRICTED SOLELY TO PROVIDING INFORMATION OR TO PROVIDING AN ELECTRONIC	MAIL FUNCTION?

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27. PLEASE PROVIDE B		STAINED DURING THE PAST FIVE YEARS BEFORE APPLICA	ATION OF ANY DEDUCTIBLE AND WHETHER
DATE DISCOVERED	LOCATION	NATURE OF LOSS	AMOUNT
PLEASE ATTACH FULL	DETAILS OF THE CIRCUMSTANC	CES OF ANY SUBSTANTIAL LOSS AND THE CORRECTIVE	MEASURES TAKEN TO AVOID RECURRENCE
OR PRESENTS, ASSIST FOR THE SAME INCID A FINE OF NO LESS TO IMPRISONMENT F	S, OR MAKES A FRAUDULENT ( DENT OF DAMAGE OR LOSS, V THAN FIVE THOUSAND (\$5,0 FOR A THREE (3) YEAR TERM, C XIMUM OF FIVE (5) YEARS; IN	TH THE INTENT TO DEFRAUD PROVIDES FALSE INFOICLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENIVILL COMMIT A FELONY AND IF CONVICTED WILL B 00) DOLLARS AND NOT EXCEEDING TEN THOUSAN OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATINTHE EVENT OF INTERVENING EXTENUATING CIRCUA	EFIT, OR PRESENTS MORE THAN ONE CLAIM E SENTENCED FOR EACH VIOLATION WITH ID (\$10,000) DOLLARS, OR BE SENTENCEI NG CIRCUMSTANCES, THE TERM COULD B
SIGNING THIS PROSO	POSAL FORM DOES NOT BIND T	THE PROPOSER TO COMPLETE THIS INSURANCE.	
DATED:			
FOR AND ON BEHALF	OF (APPLICANT'S NAME):		
SIGNED:			
TITLE OF OFFICER:			
PLEASE ATTACH LATEST	T ANNUAL REPORT		

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