

Travelers Casualty and Surety Company of America
Hartford, Connecticut 06183

Name of Applicant: _____

The term "Applicant" means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.**THIRD PARTY CRIME CONTRACT SPECIFIC COVERAGE**

1. Name of contracted client: _____
2. Total number of employees providing services to the client under terms of the contract: _____
3. Describe the specific services provided to the client under terms of the contract:

4. Are any services performed for contracted clients off the clients' premises? Yes No
If "Yes", please explain:

5. Are you presently bidding on this contract? Yes No
6. Is this contract presently in effect? Yes No
If "Yes", please list effective and expiration dates of the contract
Effective Date: _____
Expiration Date: _____
7. Annual gross dollar value of the contract: \$ _____

UNDERWRITING INFORMATION

1. Do you verify the employment background of prospective employees? Yes No
If "Yes", what method of verification is used?

2. When making background checks on an employee, do you obtain:
 - a. The employee's and employer's reason for termination of employment? Yes No
 - b. An explanation for periods of unemployment? Yes No
 - c. Whether such employment was part-time or full-time? Yes No
 - d. Statement of any arrests/convictions for any felony or misdemeanor offenses? Yes No
 - e. Denial or revocation of bond by a bonding company? Yes No
 - f. Credit checks? Yes No
3. Indicate if these forms of testing exams are used:
 - a. Physical Yes No
 - b. Psychological Yes No
 - c. Drug Yes No
4. Do you use non-employees to perform contracted client services? Yes No
If "Yes", how many? _____
5. Describe supervisory procedures for all individuals engaged in performing contracted client services:

6. Do you assess the services provided by your employees for contracted clients at least annually? Yes No

7. List and describe all losses sustained by contracted clients and caused by your dishonest employee during the past five years, whether or not you were reimbursed by insurance. Include corrective actions taken:

N/A

CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS

Expiring Limit	Expiring Deductible	Requested Limit	Requested Deductible

Expiring Insurer: _____ Expiring Premium: \$ _____

REQUIRED ATTACHMENTS – THIRD PARTY CRIME (COVERAGE SPECIFIC)

As part of this Application, submit the following documents with respect to the **Applicant**:

- A copy of the Entire Contract which requires Third Party Crime Coverage, specifically the section which details the work to be performed