

CRIME PROTECTION PLUS
Third Party Supplement

This is a supplement to the Philadelphia Insurance Companies Crime Protection Plus Application

Name of Applicant: _____

1. What is the name of the client(s) you will be working for? _____
_____2. What type of work will be performed for your client(s)? _____

3. How many employees will be on the premises of your clients(s)? _____

4. Will your employee have access to client money, securities, banking systems, wire transfer systems or any sensitive computer data? Yes No **If yes, please provide an explanation:** _____
_____5. Will your employees be performing services during normal business hours (i.e. 8am-5pm)? Yes No
If not, at what time will they be performing their work? _____6. Will your employees be supervised and/or monitored by your client(s) when performing services on their premises? Yes No7. Will your employees be required to wear I.D. badges or carry special identification in order to identify themselves as "non-employees"? Yes No8. Do you perform background checks on your employees, including personal references, past employment references, criminal records, drug testing? Yes No **If no, please provide an explanation.** _____
_____9. Are you aware of any incidence of employee theft reported to you by your clients? Yes No
If yes, please provide complete details to include a description of the loss, amount of the loss, and corrective measures taken. _____
_____**To enter more information, please use the separate page attached to the application**10. If this coverage is for one specific client contract, please provide the expected start date and completion date for this contract as well as the contract reference I.D. number (if applicable). _____
_____**I understand information submitted herein becomes a part of my Philadelphia Insurance Companies Crime Protection Plus Application and is subject to the same conditions as stated on the application.****This application must be signed by the Risk Manager or other person responsible for purchasing insurance.**_____
Name (Please Print)_____
Title_____
Signature_____
Date

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date