

AGENCY <b>USASIA INSURANCE SERVICES</b> 319 UNION AVE POMONA CA 91768  FAX <b>909-618-0289</b> E-MAIL <b>shirley@usasia-ins.com</b>	PHONE (A/C, No, Ext): <b>(909) 618-0288</b>	APPLICANT (First Named Insured)	EFFECTIVE DATE: _____ EXPIRATION DATE: _____ DIRECT BILL: _____ AGENCY BILL: _____	PAYMENT PLAN: _____ AUDIT: _____
CODE: _____ SUB CODE: _____ AGENCY CONSUMER ID: <b>0</b>	FOR COMPANY USE ONLY		BASIS FOR COVERAGE DISCOVERY _____ LOSS SUSTAINED _____	

PLAN 1							
FORM LTR	FORM TITLE	LIMIT	DEDUCTIBLE	FORM LTR	FORM TITLE	LIMIT	DEDUCTIBLE
A	EMPLOYEE DISHONESTY			E	PREMISES BURGLARY		
	<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$			<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$	
	ERISA				F	COMPUTER FRAUD	\$
	TOTAL ASSET VALUE \$ _____	\$		G	EXTORTION (Ins Loss Participation _____ %)	\$	
B	FORGERY OR ALTERATION	\$		H	PREMISES THEFT & ROBBERY OUTSIDE		
C	THEFT, DISAPPEARANCE & DESTRUCTION			H	SEC 1 - THEFT	\$	
	SEC. 1 - INSIDE THE PREMISES	\$			SEC. 2 - ROBBERY OUTSIDE	\$	
	SEC. 2 - OUTSIDE THE PREMISES	\$		<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE			
D	ROBBERY & SAFE BURGLARY	\$		Q	ROBBERY & SAFE BURGLARY	\$	
	SEC 1 - INSIDE: ROBBERY OF CUSTOD'NS SAFE BURGLARY	\$			MONEY & SECURITIES	\$	
	SEC 2 - OUTSIDE THE PREMISES	\$			SEC 1 - INSIDE THE PREMISES	\$	
	<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$		SEC. 2 - OUTSIDE THE PREMISES	\$		
				<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE			

**COVERAGE AMENDMENTS (Endorsements)**

--

**ERISA EMPLOYEE DISHONESTY - ADDITIONAL INFORMATION (Coverage Form A)**

NAME OF PLAN	PRINCIPAL ADDRESS	NUMBER OF TRUSTEES EMPLOYEES, ETC HANDLING PLAN ASSETS	NUMBER OF PLAN PARTICIPANTS
IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)?			
	YES	NO	

**CLASSIFICATION OF EMPLOYEES/LOCATIONS (Coverage Forms A & B)**

LIST ALL OFFICERS AND EMPLOYEES (including those construed to be employees by endorsement), OTHER THAN AGENTS AND PARTNERS, WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY, INCLUDING, IN ANY EVENT, THE POSITIONS LISTED BELOW:

NUMBER OF:	NUMBER OF:	NUMBER OF:	NUMBER OF:
ACCOUNTANTS AND ASSTS	COLLECTORS	LOCKER ROOM ATTENDANTS	STOCK CLERKS
ADJUSTERS	COMPUTER PROGRAMMERS	MAITRE D'S AND ASSTS	STOREKEEPERS
ADMINISTRATORS AND ASSTS	COMPTROLLERS AND ASSTS	MANAGERS AND ASSTS	STOREROOM PERSONNEL
APPRAISERS AND CLERKS ACTING AS APPRAISERS	CREDIT CLERKS AND MANAGERS	MEDICAL DIRECTORS	SUPERINTENDENTS AND ASSTS
ATTORNEYS	CUSTODIANS	MESSENGERS, OUTSIDE	SUPERVISORS AND ASSTS
AUDITORS AND ASSTS	DELIVERY PERSONS	PAYROLL DISTRIBUTORS	TAXI DRIVERS
BOOKKEEPERS	DEMONSTRATORS	PURCHASING AGENTS AND ASSTS	TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES
BUS DRIVERS	DIETITIANS WHO ORDER FOOD	RECEIVING CLERKS	TIMEKEEPERS AND ASSTS
BUYERS AND ASSTS	DRIVERS AND DRIVERS' HELPERS	REFINERY GAUGERS OF OIL COMPANIES HANDLING REFINED GASOLINE AND OILS	TRUCK DRIVERS
CANVASSERS (Door-to-door salespeople)	FOOD INSPECTORS	SALESPEOPLE	WAREHOUSE PERSONNEL
CASHIERS AND ASSTS	HEAD PHARMACISTS	SECURITY PERSONNEL	WINE CELLAR PERSONNEL
CHAIRPERSONS	INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES	SERVICE STATION ATTENDANTS	WINE STEWARDS/ESSES ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED ABOVE
CHEFS WHO ORDER FOOD	JANITORS	SHIPPING CLERKS	

NUMBER OF OFFICERS:	TOTAL NUMBER OF OTHER EMPLOYEES:	MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS:	ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES:
---------------------	----------------------------------	---	---

**CONTROLS (Coverage Form A)**

1. IS THERE AN AUDIT BY? <input type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER: _____ 2. AUDIT FREQUENCY? <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER: _____ 3. DOES AUDIT INCLUDE INVENTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. AUDIT REPORT IS RENDERED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNER <input type="checkbox"/> BOARD OF DIRECTORS <input type="checkbox"/> OTHER: _____	B A N K I N G / O T H E R	5. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW? <input type="checkbox"/> YES <input type="checkbox"/> NO 6. IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS? <input type="checkbox"/> YES <input type="checkbox"/> NO 7. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO 8. ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---	--

**MONEY - SECURITIES (Coverage Forms C or Q - Blanket Coverage, By Locations)**

ENTER THE EXPOSURES FOR EACH CATEGORY. AMOUNTS ENTERED SHOULD BE MAXIMUM EXPOSURE.

TYPE	MONEY	CHECKS FOR DEPOSIT	CHECKS FOR ACCOUNTS PAYABLE	PAYROLL CHECKS	MONEY OVERNIGHT	SECURITIES (IN BANK/SAFE DEPOSIT)
INSIDE	\$	\$	\$	\$	\$	\$
MESSENGER #1	\$	\$	\$	\$	\$	
MESSENGER #2	\$	\$	\$	\$	\$	

**PROPERTY (Coverage Forms D, E, & H)**

DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC.	MAXIMUM VALUE

**GENERAL INFORMATION ( All Coverage Forms Except A & B)**

BUSINESS HOURS	AVG # EMPLOYEES ON DUTY	CHECKS STAMPED FOR DEPOSIT ONLY	FREQUENCY OF DEPOSITS	NIGHT DEPOSITORY USED	ANNUAL GROSS SALES OR RECEIPTS FOR LAST FISCAL YEAR	DOES PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS? YES NO	OTHER INFORMATION

**SAFE/VAULT (Coverage Forms C, D, & Q)**

MANUFACTURER	LABEL	CLASS	DOOR TYPE		COMBINATION LOCKS			THICKNESS	
			ROUND	SQUARE	OUTER	INNER	CHEST	DOOR (EXCL BOLTWORK)	WALL
	UL								
	SMNA								
	UL								
	SMNA								

**MESSENGER PROTECTION (Coverage Forms C, D, & Q)**

MESS'GR #	# OF GUARDS PER MESSENGER	PRIVATE CONVEYANCE USED?	SAFETY SATCHEL USED?	MESS'GR #	# OF GUARDS PER MESSENGER	PRIVATE CONVEYANCE USED?	SAFETY SATCHEL USED?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PREMISES/SAFE PROTECTION (Coverage Forms C, D, E, & H)**

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION		ALARM INSTALLED AND SERVICED BY	#GUARDS	WATCHPERSONS
			SAFE/VAULT	PREMISES			RPT/CENT ST
HOLD-UP	LOCAL GONG			1 2 3		#WATCH PERSONS	CLOCK HRLY
PREMISES	CENTRAL STATION		PARTIAL				DONT SIGNAL
SAFE	POLICE CONNECT WITH KEYS		COMPLETE				
CERTIFICATE NUMBER			ACCESSIBLE OPENINGS & PROTECTION			OTHER PROTECTION (Fences, Floodlights, etc)	
EXPIRATION DATE:							

**AUDIT PROCEDURES - SAA COMMERCIAL CRIME POLICY**

1. AUDIT BY CPA, PUBLIC ACCOUNTANT OR EQUIVALENT, INDEPENDENT OF YOUR ORGANIZATION?	YES NO	5. IS THE AUDIT REPORT RENDERED DIRECTLY TO THE PROPRIETOR, PARTNERS IF A PARTNERSHIP OR BOARD OF DIRECTORS IF A CORPORATION?	YES NO
<input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> NONE		6. DATE OF COMPLETION OF LAST OF: CASH & ACCOUNTS _____ INVENTORY _____	
2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT		7. WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? IF "YES", SUBMIT A COPY OF THE AUDIT AND AUDITOR'S COMMENTS.	
3. ALL LOCATIONS AUDITED?		8. IS THERE AN INTERNAL AUDIT BY AN INTERNAL AUDIT DEPARTMENT UNDER THE CONTROL OF AN EMPLOYEE WHO IS A PUBLIC ACCOUNTANT OR EQUIVALENT.	
4. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? IF NO, EXPLAIN SCOPE OF AUDIT.		IF "YES", ARE THE REPORTS RENDERED DIRECTLY TO THE PROPRIETOR, PARTNERS IF A PARTNERSHIP OR BOARD OF DIRECTORS IF A CORPORATION?	

**INTERNAL CONTROLS OTHER THAN AUDIT PROCEDURES - SAA COMMERCIAL**

EXPLAIN ALL "NO" RESPONSES IN REMARKS	YES NO	EXPLAIN ALL "NO" RESPONSES IN REMARKS	YES NO
1. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW?		3. ARE SECURITIES SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES?	
2. IS COUNTERSIGNATURE OF CHECKS REQUIRED?			

**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 or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).