

INSTRUCTIONS FOR SUBMITTAL

1. Complete the attached application.
2. Use the “Save Completed File” button on the last page to save a copy of your completed application to your computer.
3. Send completed application(s) in encrypted email to CapSpecialty at:

wisbarbonds@capspecialty.com.

If necessary, the completed applications can be faxed or mailed to CapSpecialty’s attention below:

Attn: Surety Dept. (13/31)

PO Box 5900

Madison, WI 53705-0900

Facsimile Number: 608-829-7413

Additional Notes:

- Coverage will be underwritten by the carrier and a quote offered directly to the attorney / firm. To Accept the quotes, the attorney / firm responds directly back to the carrier for the issuance of the Coverage.
- Billing: CapSpecialty will invoice the attorney / firm directly.
- Questions? Contact the CapSpecialty Primary Contact:

Scott Donovan

513-368-8197

sdonovan@capspecialty.com

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A Member Benefit of



Surety & Fidelity Bond Department, PO Box 5900, Madison, WI 53701

Capitol Indemnity Corporation
Platte River Insurance Company

STATE BAR OF WISCONSIN APPLICATION FOR A CRIME PROTECTION POLICY - LOSS SUSTAINED FORM

Named Insured:

(Please list all insureds, including Employee Benefit Plans)

Principal Address:

City, State, Zip:

Email and Web Address:

INSURING AGREEMENTS, LIMITS OF INSURANCE, AND DEDUCTIBLES

INSURING AGREEMENTS		INSURING AGREEMENTS ADDED BY ENDORSEMENT	
1. Employee Dishonesty		7. Loss of Clients' Property (SE 00 48, FEN 004)	
2. Forgery or Alteration		8. Funds Transfer Fraud (SE 00 41)	
5. Computer Fraud		9. Fraudulently Induced Transfer Fraud (SE 01 67 08 15)	
Limit of Insurance	Deductible	# of Employees	Select One (1)
\$50,000	\$500	15 or under	<input type="checkbox"/>
\$150,000	\$1,500	15 or under	<input type="checkbox"/>
\$250,000	\$2,500	15 or under	<input type="checkbox"/>
\$500,000**	\$5,000	15 or under	<input type="checkbox"/>
\$1,000,000**	\$10,000	15 or under	<input type="checkbox"/>
* If # of Employees is 31 and up, please specify exact number of employees: _____			
** If Desired Limit of Insurance is \$500,000 or above, please complete supplemental section on Page 2.			

- Proposed Effective Date beginning on 12:01 a.m. on _____ and expiring at 12:01 a.m. on _____.
- Premium is payable Annually**

1. DESCRIPTION OF YOUR ORGANIZATION

- (a) Date your business was established: _____
- (b) Has there been any change in ownership or management within the past three years? Yes No

2. FINANCIAL AUDIT PROCEDURES

- (a) How are your annual financial statements prepared? CPA Audit CPA Review CPA Compilation
 In-House Tax Return
- (b) Date of completion of last year end financial statement: _____
- (c) Were any discrepancies or recommendations commented upon in the Report? Yes No
If "Yes", submit a copy of the auditor's comments.

3. INTERNAL CONTROLS

- (a) Are bank accounts reconciled monthly? Yes No
- (b) Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No
If "No", is there an independent verification process in place? Yes No
- (c) Is countersignature of all checks required? Yes No
If "No", at what amount? \$ _____
- (d) Do you have procedures to screen new employees? Yes No
If "Yes", what type of screen/check? (select all that apply) Criminal Drug Background Credit

4. TRUST ACCOUNT CONTROLS

- (a) What was the largest daily balance of funds in your Trust Account last year? \$ _____
- (b) How often are your Trust Accounts reconciled? Weekly Monthly Annually Not at all
- (c) Is there an annual audit of your Trust Account funds by a CPA? Yes No
If "No", are Trust Accounts reconciled by an impartial third party? _____
- (d) When was the Trust Account last reconciled? _____
- (e) Were any discrepancies or recommendations commented on in the last audit or reconciliation? Yes No
If "Yes", submit a copy of the comments.

5. COMPUTER FRAUD

- (a) Are user IDs and passwords required for access to sensitive information and/or Trust Accounts? Yes No
- (b) Are computer system access codes and passwords changed at least every 90 days? Yes No
If "No", how often? Annually Only when a security breach occurs Never
- (c) Do terminals automatically log off after a defined period of inactivity? Yes No
- (d) Do terminals lock after a specific number of unsuccessful attempts to gain system access? Yes No
- (e) Do you have (use) funds transfer transactions (i.e. Wire Transfers, ACH, EFT, etc.)? Yes No
If "Yes", how often are funds transfer transactions reconciled? _____
- (f) Are they reconciled by someone not authorized to approve, initiate, or handle them? Yes No
- (g) Do internal or external audit procedures include computer operations? Yes No
- (h) Is there a written policy regarding electronic fund transfers? Yes No
- (i) Do you receive confirmations, written or electronic, on all wire transfers? Yes No

6. PRIOR INSURANCE

- (a) Has any similar insurance been declined or canceled during the past three years? Yes No
If "Yes", explain _____

7. PRIOR LOSSES

- (a) List all losses sustained during the past six years that were caused by a loss that would have been covered by an Insuring Agreement you are now applying for (including Computer Fraud and/or Funds Transfer Fraud). List all losses, whether reimbursed or not.*** **Check here if none**

1) Date of loss _____ Type of loss _____ Amount recovered from insurance _____
Amount of loss pending _____ Location of loss _____

*** *If more than one (1) loss, please attach a separate sheet with full details as outlined above.*

SUPPLEMENTAL SECTION FOR DESIRED COVERAGE LIMITS OF \$500,000 AND ABOVE

Please submit a copy of your annual financial report.

- (a) Do you maintain a list of approved vendors? Yes No
- (b) Do you provide training to employees on social engineering (Fraudulently Induced Transfer Fraud)? Yes No
- (c) Do any non-essential employees have access to the computer systems and/or Trust Accounts? Yes No
- (d) Do you outsource your IT activities? Yes No
If "Yes", do they provide you with adequate insurance coverages for their activities on your system? Yes No
- (e) Is physical access to computer room(s) and equipment restricted to only authorized personnel? Yes No
- (f) Is there an employee or department whose sole duty is security? Yes No

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgment of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

The application and any applicable supplemental documents become part of the policy.

FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any 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 may subject that person to criminal and/or civil penalties. Penalties may include confinement in prison, fines and denial of insurance benefits.

Insured Name _____

Signed This _____ Day of _____, 20____. By: _____
(Signature) Officer or Director (Title)