

PRIVATE SOLUTION PROPOSAL FORM

NAME OF COMPANY: _____

When answering the following questions, please consider all subsidiaries, affiliates and locations, including those outside of the United States.

A. General Information

1. What are your business hours? _____
2. What is the average number of employees on duty? _____
3. Does the Company have retail operations? If **Yes**, please provide the number of locations. _____
4. What is the frequency of deposits? _____
5. Is a night depository used? Yes No

B. Audit Procedures

1. Are your annual financial statements audited by a public accountant? Yes No
2. Is the public accountant's opinion in accordance with GAAP _____ or GAAS _____ ?
and so certified? Yes No
3. Have the outside auditors stated there are no material weaknesses in the Company's system of internal controls? If **No**, please attach the CPA letter to management and management's response. Yes No

C. Internal Controls

1. Are bank accounts reconciled monthly? Yes No
2. By someone who is not authorized to deposit or withdraw? Yes No
3. Is countersignature of all checks required?
Above what amount? \$ _____ Yes No
4. Do all vouchers or other supporting receipts accompany all checks to be signed? Yes No
5. Are vouchers/receipts stamped "PAID" when checks are signed to prevent re-use? Yes No
6. Do you maintain a list of approved vendors? Yes No
7. Do you have a system to detect payment to fictitious suppliers? Yes No
8. Are your systems designed so that no single employee can control a transaction from beginning to end (e.g. approve a voucher, request and sign a check)? Yes No

9. Do you screen your employees for prior acts of dishonesty? Yes No
10. When screening new employees: Are credit reports checked? Yes No
Are drug tests performed? Yes No
11. Are cash or credits on return purchases supervised by at least two persons? Yes No

D. Supervision by Owner

1. Is there personal supervision of business activities on a daily basis by an Owner, Partner or Director? Yes No
2. Does that person: Deposit all cash receipts? Yes No
Sign or countersign all checks? Yes No
Reconcile all bank accounts? Yes No
Verify shipping and receiving activities? Yes No

E. Money-Securities Please enter the Exposure for each category. Amounts entered should be the maximum exposure.

Type	Money	Securities (Other Than Payroll Checks)	Checks (Excluding Retail Checks)	Payroll Checks	Money Overnight	Securities (In Bank/Safe Deposit)
Inside	\$	\$				
Outside	\$	\$				

Are Deposits made by Armored Car? Yes No or by an employee? Yes No

F. Safe/Vault Note: You must have a safe if you store more than \$5,000 overnight.

Manufacturer	Label	Class	Door Type		Combination Locks			Thickness	
			Round	Square	Outer	Inner	Chest	Door	Wall

G. Premises/Safe Protection-Note: You must have a Central Station alarm if you store more than \$10,000 overnight.

What type of alarm(s) do you have at each of your premises?

1. Hold-up Alarm 2. Premises Alarm 3. Safe Alarm
4. Local Gong 5. Central Station Alarm 6. Police Connected Alarm

H. Internet Security

1. Do you have an Intrusion Detection System that identifies unauthorized access? Yes No
2. Do you have documented emergency procedures? Yes No
3. Has your computer system ever been invaded by a Hacker or Virus? Yes No
If "Yes" when and what controls have been implemented to prevent further incidences? _____

I. Total Pension and Welfare Plan assets and contributions for the latest fiscal year: \$ _____

J. Employee Information (Not Required if Section B Employment Practices Liability has been completed)

Total number of employees for last three years				Employee Turnover			
Year:				Year:			
Full Time				Terminated (Involuntary)			
Part Time				Resigned (Voluntary)			
Total				Retired			
				Layoffs			

Number of workers in the following classifications in the previous 12 months

Temporary		Seasonal	
Labor Unions		Leased	
Independent Contractors		Foreign domiciled	

K. Requested Coverage

Please complete the following table including limit and deductible desired.

REQUESTED COVERAGE	LIMIT	DEDUCTIBLE
A. Coverage Part Limit of Liability (Optional)	\$	\$
B. Single Loss Limit of Liability for Each Insuring Agreement (Required)	\$	\$
• Insuring Agreement A. Employee Theft	\$	\$
• Insuring Agreement B. Forgery or Alteration	\$	\$
• Insuring Agreement C. Inside the Premises	\$	\$
• Insuring Agreement D. Outside the Premises	\$	\$
• Insuring Agreement E. Computer Fraud	\$	\$
• Insuring Agreement F. Money Orders and Counterfeit Paper Currency	\$	\$

Please Complete this Section only if requesting this Coverage Part.