

Selective Insurance Company of America
 40 Wantage Avenue
 Branchville, New Jersey 07890

Agent: _____
 Agency Code: _____
 New Client to Agency Yes No
 Agency Bill (Policy will be direct bill if not checked)

APPLICATION
CRIME-CLIENTS' PROPERTY (Third-party fidelity)
 (Required for limits greater than \$250,000)

1. Name of Applicant _____

2. Address _____
3. Phone Number _____
4. Bond to be effective _____
5. Limit of Insurance: \$ _____ (Deductible will be 1% of limit)
- 5a. Endorsement to add owner? Yes No If yes, number of owners to add: _____
6. (a) Nature of Applicant's business _____
 (b) Date business established _____
 (c) Is the Applicant a corporation? _____
7. Does the applicant have any operations outside its state of domicile? Yes No
8. Does the applicant do a criminal background check on all new employees? Yes No
9. Limits of Liability Insurance carried by Applicant _____
 Name of Company _____
10. (a) Annual Sales of Applicant _____
 (b) Number of service contracts in force _____
 (c) Location of service contracts _____
11. Number of Full and Part-Time employees, **including corporate officers**, of Applicant _____
12. Applicant's Dishonesty Losses (past 5 years) – check if none

Date	Amount	Corrective Measures Taken (other than Discharge)

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

Dated at _____ this _____ day of _____, _____.

By: _____
 (Applicant) (Name and Title)