

**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 Accountants Professional Liability 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.**

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Signature

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Date