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## CRIME / EMPLOYEE DISHONESTY QUESTIONNAIRE

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Indicate the coverage limits, and deductibles desired:

- |   |  |
|---|--|
| <input type="checkbox"/> \$25,000 limit, \$1,000 deductible | <input type="checkbox"/> \$75,000 limit, \$2,500 deductible  |
| <input type="checkbox"/> \$50,000 limit, \$1,500 deductible | <input type="checkbox"/> \$100,000 limit, \$5,000 deductible |
| <input type="checkbox"/> Other _____                        |  |

1. Do you have an audited financial statement prepared annually?  Yes  No
2. Are internal financial statements prepared?  Yes  No  
 If yes, how often are they reviewed by the owner? \_\_\_\_\_

3. Describe your "Separation of Duties" and "Countersignature" procedures:

\_\_\_\_\_

\_\_\_\_\_

4. Indicate the number of employees who handle, have custody or maintain records of money, securities or other property: \_\_\_\_\_

5. Are officer-shareholders active in the day to day oversight of business operations?  Yes  No

6. Do employees who reconcile the bank statement also:
- |                   |  |
|-------------------|--|
| Make deposits?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Make withdrawals? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sign Checks?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

7. Is countersignature of checks required?  Yes  No  
 If yes, what is the dual signing limit? \_\_\_\_\_

8. Is segregation of duties practiced in the following areas:

- |   |  |
|---|--|
| Inventory management?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Wire transfer receipts and payments?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vendor approval?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Oversight of blank check stock?         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Payroll?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Retail checks and Credit Card receipts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cash receipts?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Are all incoming checks stamped "for deposit only" immediately upon receipt?  Yes  No

10. Are inventory records computerized?  Yes  No  
 Is a physical count of inventory conducted at least annually?  Yes  No

11. Are the duties of computer programmers and operators separated?  Yes  No

12. Are computer passwords changed frequently?  Yes  No

13. For new employees, do you perform any of the following types of background checks:

- |                   |  |
|-------------------|--|
| Prior employment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Education?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Criminal history? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drug testing?     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Credit history?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |



14. Are the controls indicated in 5-13 above imposed at all locations?  Yes  No  
If no, please explain exceptions. \_\_\_\_\_

15. List all Crime/Fidelity Losses in the last three years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_