

# Commercial Crime Insurance for Financial Institutions

## PROPOSAL FORM

Name	<input type="text"/>		
Number of Employees	<input type="text"/>	Latest Annual Turnover	£ <input type="text"/>
Business Activities	<input type="text"/>		
Registered Address	<input type="text"/>		
			Postcode <input type="text"/>

**Policy Wording** Travelers Commercial Crime Insurance Policy Wording TRV0393 09/10  
 The policy wording can be found on our website at [travelers.co.uk/insurance](http://travelers.co.uk/insurance)

The following endorsements will be applied to the policy;

- Retroactive Date** No cover is hereon provided for any **Loss, Losses** or inter-related series of **Losses** which occurred prior to (*Retroactive Date*), regardless of when such **Loss, Losses** or inter-related series of **Losses** are discovered.
- Insuring Agreement (F) Removal** Insuring Agreement (F) – Kidnap & Extortion including E-Commerce Extortion Threats is hereby deleted and of no effect.

All other terms and conditions remain unchanged.

**Acceptance Criteria** This quotation is issued on the basis that you meet certain criteria. Please **tick the box** below to confirm that you meet all of the acceptance criteria.

<input checked="" type="checkbox"/>	You are a company domiciled in the United Kingdom and have no assets, subsidiaries or operations outside of the United Kingdom
<input checked="" type="checkbox"/>	Independent professional accountants or auditors will examine your accounts and those of each subsidiary company and any other insured entity at least every 12 months
<input checked="" type="checkbox"/>	In the last completed financial year you had a positive net worth (total assets exceed total liabilities) and made a profit (surplus of revenue over spending) before tax
<input checked="" type="checkbox"/>	You are not involved in banking, fund management, stock broking or other financial services
<input checked="" type="checkbox"/>	You have dual control on signing cheques (above £2,500), issuing instructions for disbursement of assets or funds, funds transfer procedures, investments and access to safes, keys or critical systems
<input checked="" type="checkbox"/>	In respect of purchases of services or goods with a value over £1,000, no one employee will be able to perform the following three stages on their own: (i) order, (ii) certificate receipt or completion and (iii) authorise payment
<input checked="" type="checkbox"/>	Those persons in any treasury department or other centralised financial control department are required to either take uninterrupted annual leave, or are rotated to other duties, for a period of at least seven working days in each calendar year
<input checked="" type="checkbox"/>	Payroll will be examined at least quarterly by someone other than the employees responsible or by a director or manager to check that the total amount drawn is correct and that there are no past or fictitious employees included
<input checked="" type="checkbox"/>	The amount of cash, cheques and securities will be subject to a physical check against supporting documents by a director or manager or by someone other than the employees responsible at least quarterly
<input checked="" type="checkbox"/>	In the last five years you have not submitted any claims in respect of this coverage or have been subject to any circumstances which could have led to such a claim.
<input type="checkbox"/>	<b>I Confirm</b>

If you cannot answer “I Confirm” to all of the criteria we may still be able to provide a quotation. Please provide full details on a separate sheet where you do not meet the criteria and explain your alternative process or control which will then be considered by your underwriter. You may be asked to complete a full Crime Insurance Proposal Form (TRV0472).

**Inception Date** Please advise the date from which cover is required  
 (*Note: this cannot be (1) earlier than the date on which this form is signed, or (2) more than 30 days after the date on which this form is signed.*)

**Retroactive Date** Do you currently buy Commercial Crime insurance? Yes  No

If Yes, please advise current insurer and Retroactive Date.  
 (*Note: If No, the Retroactive Date applied will be the inception date of the policy.*)

Insurer:
Retroactive Date:

**Important**

It is necessary for you to inform us of all the facts which are likely to influence us in acceptance or assessment of your insurance. Failure to do so could invalidate your insurance. If you are in doubt whether any fact may influence us you should disclose it.

**Annual Premium\***

The premiums shown in **bold** in the table below are exclusive of Insurance Premium Tax, currently 6% (March 2012), which will be added to the pricing and charged on the policy and are valid for a 12 month period of insurance commencing on any date before 31st December 2013. Please tick one box below for the limit and retention option that you require:

	Limit of Indemnity (Any One Loss)	Retention (each loss) £2,500	please tick	Retention (each loss) £5,000	please tick	Retention (each loss) £10,000	please tick
Employee number up to 25 and Turnover up to £10m	£250,000	<b>£560.00</b>	<input type="checkbox"/>	<b>£500.00</b>	<input type="checkbox"/>	<b>£450.00</b>	<input type="checkbox"/>
	£500,000	<b>£748.00</b>	<input type="checkbox"/>	<b>£673.00</b>	<input type="checkbox"/>	<b>£606.00</b>	<input type="checkbox"/>
	£1,000,000	<b>£934.00</b>	<input type="checkbox"/>	<b>£840.00</b>	<input type="checkbox"/>	<b>£756.00</b>	<input type="checkbox"/>
	£2,000,000	<b>£1,398.00</b>	<input type="checkbox"/>	<b>£1,258.00</b>	<input type="checkbox"/>	<b>£1,132.00</b>	<input type="checkbox"/>
Employee number up to 100 and Turnover up to £25m	£1,000,000	N/A	N/A	<b>£1,588.00</b>	<input type="checkbox"/>	<b>£1,429.00</b>	<input type="checkbox"/>
	£2,000,000	N/A	N/A	<b>£2,385.00</b>	<input type="checkbox"/>	<b>£2,147.00</b>	<input type="checkbox"/>
Employee number up to 250 and Turnover up to £50m	£1,000,000	N/A	N/A	<b>£2,027.00</b>	<input type="checkbox"/>	<b>£1,824.00</b>	<input type="checkbox"/>
	£2,000,000	N/A	N/A	<b>£3,143.00</b>	<input type="checkbox"/>	<b>£2,829.00</b>	<input type="checkbox"/>

\*please note, these prices may be discounted by 10% for existing clients of Travelers who purchase D&O and/or Pension Trustee Liability insurance.

**Declaration****Must be signed by a Director or Company Secretary**

I/we declare that to the best of my/our knowledge or belief, the statements and particulars given in this application are true and complete and that no material facts that are likely to influence the acceptance and assessment of this proposal have been withheld. (If you are in any doubt as to whether a fact is material, you should disclose it.) I/we agree to inform Travelers Insurance Company Limited of any change to any material fact.

I/we also declare that if any information on this application has been written by another person on my/our behalf, that person acted as my/our agent for that purpose. I/we agree that this application and declaration shall be the basis of the contract between me/us and Travelers Insurance Company Limited.

**Signature of the proposer**  
(Director or Company Secretary)

	Date
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**Print name and position held**

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**For and on behalf of**  
(Insert name of Company/Firm)

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**NO COVER IS IN FORCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE PREMIUM PAID, EXCEPT AS PROVIDED BY AN OFFICIAL COVERING NOTE ISSUED BY THE COMPANY.**

**PLEASE RETAIN A COPY OF THIS COMPLETED PROPOSAL FORM FOR YOUR RECORDS.**

**Using Personal Information**

Personal information which you supply to us may be used in a number of ways, for example:

- when considering an application;
- in conducting our relationship with you;
- underwriting insurance coverage;
- managing any policy issued;
- preventing and detecting fraud;
- providing risk management advice; and
- administering claims.

We may pass the information to members of the Travelers group, our reinsurers, professional advisers, loss adjusters or agents for these and other lawful purposes or as required by law, including providing the information to government or regulatory authorities. This may involve its transfer to countries which do not have data protection laws equivalent to those in the United Kingdom in which case we shall ensure that the information is appropriately protected. We may also share the information with, and obtain information about you and/or your employees or agents from, credit reference agencies and/or fraud prevention agencies.

For further information on how the information is used, how we maintain security of the information, and your rights to access information we hold on you and/or your employees and/or agents, please contact the Company Secretary at Travelers Insurance Company Ltd, Exchequer Court, 33 St Mary Axe, London EC3A 8AG or see our Privacy Policy at [travelers.co.uk](http://travelers.co.uk).

By making an application for insurance you agree that all persons to whom the information relates consent to the processing and transfer of information described in this notice. You also confirm that you have taken all necessary steps to inform them of disclosure of information to us for the purposes described above.