

# ACORD™ MISCELLANEOUS CRIME COVERAGE SECTION

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)				
	FAX (A/C, No):	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
CODE:	SUB CODE:	FOR COMPANY USE ONLY			BASIS FOR COVERAGE	
AGENCY CUSTOMER ID:					<input type="checkbox"/> DISCOVERY	<input type="checkbox"/> LOSS SUSTAINED

## PREMISES/SAFE PROTECTION

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			ALARM INSTALLED AND SERVICED BY	# GUARDS	WATCHPERSONS
			SAFE/VAULT	PREMISES				
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CENTRAL STATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/> SAFE	<input type="checkbox"/> POLICE CONNECT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/> WITH KEYS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
CERTIFICATE NUMBER			ACCESSIBLE OPENINGS & PROTECTION			OTHER PROTECTION (Fences, Floodlights, etc)		
EXPIRATION DATE:								

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<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CENTRAL STATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/> SAFE	<input type="checkbox"/> POLICE CONNECT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/> WITH KEYS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
CERTIFICATE NUMBER			ACCESSIBLE OPENINGS & PROTECTION			OTHER PROTECTION (Fences, Floodlights, etc)		
EXPIRATION DATE:								

## PREMISES, MESSENGER & ARMORED MOTOR VEHICLE SCHEDULE

LOC #	# MESS'GR	# OF ARM'D VEH	LIMITS		LOC #	# MESS'GR	# OF ARM'D VEH	LIMITS	
			INSIDE	OUTSIDE				INSIDE	OUTSIDE

## ADDITIONAL LOCATIONS

LOC #	ADDRESS

## REMARKS

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**EMPLOYEE SCHEDULE**

LOC #	NAME OF EMPLOYEES TO BE COVERED	TITLE	LIMIT	DEDUCTIBLE

**REMARKS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY:SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; In DC, LA, ME and VA, insurance benefits may also be denied.)