

## Application Instructions

Whenever used in this Application, the term "Applicant" shall mean the Named Insured and all subsidiaries or other organizations applying for coverage, unless otherwise stated.

## I. General Information

Name of Applicant: \_\_\_\_\_

Hanover Policy Number: \_\_\_\_\_ Effective Date of Coverage: \_\_\_\_\_  
(If this is a renewal)

## II. General Information

Annual Receipts: \$\_\_\_\_\_ How long under present ownership? \_\_\_\_\_

Is the market location a: ☐ commercial or ☐ residential area? Hours of operations: \_\_\_\_\_

Maximum cash and securities on premises daily: \$\_\_\_\_\_

Fewest number of employees on duty at all times: \_\_\_\_\_

## III. Operations

1. Does each cashier have their own drawer? ☐ Yes ☐ No
2. Are checks, when received, immediately stamped "For Deposit Only"? ☐ Yes ☐ No
3. Are the drawers balanced daily? ☐ Yes ☐ No
4. Is a record kept of all shortages and overages? ☐ Yes ☐ No
5. Number of check out counters: \_\_\_\_\_
6. What is the average cash balance in registers during the day? \$\_\_\_\_\_
7. How often during the day is excess cash removed from the register? \_\_\_\_\_
8. How often is the cashier's cash counted on a surprise basis? \_\_\_\_\_

## IV. Cash Controls

1. Are deposit slips completed in triplicate? ☐ Yes ☐ No
2. Is a duplicate receipt sent to the corporate office? ☐ Yes ☐ No
3. Is an armored car used? ☐ Yes ☐ No  
If "No", who transports deposits? \_\_\_\_\_  
If "No", are they accompanied by ☐ guard, ☐ police escort, ☐ another employee, or ☐ not accompanied?
4. Is bank depository utilized over the weekend? ☐ Yes ☐ No  
If "Yes", is the method of transport as indicated in question IV.3. above? ☐ Yes ☐ No

5. Are local managers permitted to maintain a Petty Cash Fund? ☐ Yes ☐ No

If "Yes":

- a. What is the Fund amount? \$ \_\_\_\_\_
- b. What is the fund used for? \_\_\_\_\_
- c. How is the Fund replenished? \_\_\_\_\_
- d. Is the Fund reviewed on a regular basis by the main office? ☐ Yes ☐ No
- If "Yes", how frequently: \_\_\_\_\_

### V. Inventory Controls

1. Must all incoming merchandise be inspected and processed in the receiving department before being placed into stock? ☐ Yes ☐ No
2. Is a perpetual inventory maintained of all items in stock and on display at all locations? ☐ Yes ☐ No
3. Is perpetual inventory kept current simultaneously as each item is added to, removed from, or returned to stock? ☐ Yes ☐ No
4. Does the inventory record identify each individual adding or removing items? ☐ Yes ☐ No
5. Are the individuals responsible for shortages, not just those exceeding normal shrinkage, identified and required to account for them? ☐ Yes ☐ No
6. Do inventory records show actual quantities, not dollar value basis only? ☐ Yes ☐ No
7. Is returned or defective merchandise accounted for in the same manner as regular stock and under dual control? ☐ Yes ☐ No
8. Do auditors conduct a complete physical inventory at least annually? ☐ Yes ☐ No

### VI. Premises Exposure & Protective Devices

1. Does the Applicant occupy entire building? ☐ Yes ☐ No  
If "No", please explain:
2. Are all exits protected by:
- 1) Illumination? ☐ Yes ☐ No
- 2) Watchman? ☐ Yes ☐ No
- 3) Central Station Alarm? ☐ Yes ☐ No
- 4) Local Alarm? ☐ Yes ☐ No
- 5) If other, please explain?
3. Is there any means of access through the ceiling? ☐ Yes ☐ No
4. How are windows protected?
5. Are shipping docks/rear exists locked when not in use? ☐ Yes ☐ No

6. Are employees required to use specifically designated security control exits when leaving the premises? ☐ Yes ☐ No
7. Is alarm system approved by the Underwriters' Laboratories? ☐ Yes ☐ No  
If "Yes", what is the expiration date of UL certificate? \_\_\_\_\_
8. What is the grade, type and extent of alarm system? \_\_\_\_\_
9. Is general area well patrolled by police? ☐ Yes ☐ No
10. Maximum cash and securities kept in safe daily? \$ \_\_\_\_\_
11. Describe safe-make, model No., and label: \_\_\_\_\_
12. What is the thickness of safe door? \_\_\_\_\_
13. Does it have a combination or key lock? \_\_\_\_\_
14. How many employees have access to the key/combination? \_\_\_\_\_
15. Is the safe set in concrete? ☐ Yes ☐ No  
If "No", what is the approximate weight? \_\_\_\_\_
16. Where is the safe located on the premises? \_\_\_\_\_
17. Is it visible from the street? ☐ Yes ☐ No
18. Is the safe area well lit after closing hours? ☐ Yes ☐ No
19. Describe special precautions taken against robbery at the time the store is open and closed: \_\_\_\_\_

### VII. Loss History

1. Has any insurance been declined or cancelled during the past three years? ☐ Yes ☐ No  
(Not applicable in Missouri)  
If "Yes", please explain the circumstances: \_\_\_\_\_

2. List all losses sustained during the past three years, whether reimbursed or not:

Check if no losses in the last 3 years ☐

Description of Loss	Date	Amount of Loss	Insurance Recovery	Amount of Loss Pending	Location of loss
		\$	\$	\$	
		\$	\$	\$	

### VIII. Declarations, Notices and Signature

The authorized signer of this Application represents to the best of their knowledge and belief that the statements set forth herein are true, accurate, complete and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a loss, claim, or legal action now known to any entity, official, or employee involving the proposed coverage has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such loss, claim, or action from coverage under the insurance being applied for, whether or not disclosed. Any loss or claim based upon, arising out of or in connection with any misrepresentation, omission, concealment, untruthful, inaccurate, or incomplete statement of a material fact in this Application or otherwise shall be excluded from coverage.\* Signing of this Application does not bind The Hanover Insurance Company or any of its insurance affiliates or subsidiaries to offer, nor the authorized signer to accept insurance. It is agreed this Application and any attachments hereto shall be the basis of the insurance.

\*For state of Washington and South Dakota applicants only: Any loss or claim based upon, arising out of or in connection with any intentional misrepresentation, omission, concealment, untruthful, inaccurate, or incomplete statement of a material fact in this Application or otherwise shall be excluded from coverage.

**GENERAL FRAUD NOTICE:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### **ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS**

**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA:** For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FLORIDA AND OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree in FL).

**KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**KENTUCKY, OHIO AND PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

**MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**NEW HAMPSHIRE AND NEW JERSEY:** Any person who includes any false or misleading information to the best of her/his knowledge on an application for an insurance policy is subject to criminal and civil penalties.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**PUERTO RICO:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established

may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to civil penalties not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE

Date

Signature\*\*

Title

\_\_\_\_\_  
\*\*This Application must be signed by the chief executive officer, president, or chief financial officer of the Applicant's parent organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Produced By: Producer: \_\_\_\_\_ Agency: \_\_\_\_\_

Taxpayer ID: \_\_\_\_\_ License Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_