



C H U B B

CRIME COVERAGE
QUESTIONNAIRE: THIRD PARTY

1. Name of Insured: \_\_\_\_\_

2. Address: \_\_\_\_\_
\_\_\_\_\_

3. Names of outside companies for which services are being provided: \_\_\_\_\_
\_\_\_\_\_

4. Number of locations at which services are being provided: \_\_\_\_\_

5. Describe the services that are being provided: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Table with 3 columns: Total # of Employees at each Outside Company, U.S., Outside the U.S. Includes two rows of blank lines for data entry.

7. What is the length of the longest service contract? \_\_\_\_\_

8. Is there an outside company representative supervising your employees at all times? Yes No
If no, who is and how often? \_\_\_\_\_

9. Do your employees have access to outside company cash or checks? Yes No

If yes, please answer the following:

(A) What is the maximum value of cash and checks that the employee(s) have exposure to?

Maximum cash: \$ \_\_\_\_\_
Maximum checks: \$ \_\_\_\_\_

(B) How often are the outside company accounts reconciled? \_\_\_\_\_

By an internal auditor: Yes No
CPA: Yes No

(C) Do your employees who reconcile bank statements for a customer:

Sign checks: Yes No
Handle deposits: Yes No
Have access to a check signing machine or signature plate: Yes No

10. Do your employee(s) have access to precious metals or stones (such as gold, silver, platinum, industrial diamonds or similar high-value materials)? Yes No

If yes, state the maximum value that the employee(s) have exposure to and attach a description of security controls.

Maximum value \$\_\_\_\_\_

11. Do employees have access to outside company's computer systems? Yes No

If yes, describe accessible computer applications. \_\_\_\_\_

\_\_\_\_\_

12. Can your employee(s) make, order, or purchase goods on behalf of the outside company? Yes No

If yes, does the outside company co-sign? Yes No.

If no, please attach details of outside company's controls.

13. Are your employees responsible for the actions of any individuals not employed by your company? Yes No

If yes, please provide full details. \_\_\_\_\_

\_\_\_\_\_

14. Has your company previously experienced any third party fidelity losses? Yes No

If yes, please provide full details for losses within the last 5 years:

\_\_\_\_\_

\_\_\_\_\_

15. Does the outside company have its own fidelity coverage? Yes No

Please sign and date this questionnaire as indicated below:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Completed by

\_\_\_\_\_  
Title