



MARINA/BOAT DEALERSHIP SUPPLEMENTAL APPLICATION

CRIME / EMPLOYEE DISHONESTY

Insured Name: _____ **Policy Period From:** _____ **To:** _____

1. Limit of Insurance Required: \$ _____ Blanket Scheduled Deductible requested: \$ _____
2. Number of employees, including officers and directors: _____
3. List all persons managing funds:

Name	Title

4. Yes No Are references required on newly hired employees?
5. Yes No Do the persons managing funds turn over this function to another for a period of 2 weeks, every year to prevent theft?
6. Yes No Are Invoices or Requisitions kept? *(This documents what item or service is being paid for, who the vendor is, and who authorized the item or service.)*
7. Yes No Are Invoices or Requisitions, Check Register and Bank Statement cross-checked against each other?
8. Largest amount of petty cash kept on hand: \$ _____
9. Yes No Is money ever stored in the building overnight?
 If "Yes," state the amount \$ _____ and how is the money stored: _____
10. All receipts are deposited in a bank within: 2 days 1 week Over 1 week
11. Yes No Are all incoming checks immediately stamped "For Deposit Only"?
12. Yes No Do all outgoing checks require 2 signatures?
 If "No," do checks over a certain amount require 2 signatures? Yes No
 If "Yes," please indicate amount: \$ _____
13. By whom (CPA, Public accountant, staff member) are the accounts examined/audited? _____
 How often? _____
14. When were the accounts last examined? _____
15. Yes No Do audits include inventory?
16. Yes No Will securities be subject to joint control of two or more responsible employees?
17. Yes No Are all officers and employees required to take annual vacations of at least 5 consecutive business days?