



The American Legion Scheduled Position Crime Policy Questionnaire

**BY COMPLETING THIS QUESTIONNAIRE THE APPLICANT IS APPLYING
FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")**

This policy is being offered to all American Legion Organizations as an option for Crime Coverage Only. Individual Organizations may use other means to obtain insurance if they choose.

CRIME QUESTIONNAIRE INSTRUCTIONS:

1. Whenever used in this Questionnaire, the term "**Applicant**" shall mean the Department or Post of The American Legion listed in Section I.
2. Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.
3. Please complete this questionnaire if you are applying for Scheduled Position Employee Theft coverage.

I. NAME, ADDRESS AND CONTACT INFORMATION:

1. Name of **Applicant**: _____ 2. Federal EIN: _____
3. Address of **Applicant**: _____
City: _____ State: _____ Zip Code: _____ Website: _____
4. Post/Department Number: _____
5. Primary Contact Name: _____ 6. Primary Email/Cell Phone: _____
7. Secondary Contact Name: _____ 8. Secondary Email/Cell Phone: _____

II. Exposure:

Please select positions to be bonded:

- | | | | | |
|------------------------------------|--|--|-----------------------------------|---|
| <input type="checkbox"/> Commander | <input type="checkbox"/> 1 st Vice
Commander | <input type="checkbox"/> 2 nd Vice
Commander | <input type="checkbox"/> Adjutant | <input type="checkbox"/> Finance Officer /
Treasurer |
| <input type="checkbox"/> Other | List Titles (attach additional sheets if necessary) _____ | | | |

Please select policy limit. Limit should be adequate to protect cash assets handled by those in bonded positions:

- ☐ \$100,000

Alternative Options:

- ☐ \$250,000 ☐ \$50,000 ☐ \$25,000 ☐ \$10,000 ☐ Other:

For Limits greater than \$250,000, please provide a completed long form application.

II. Specific Controls and Prior Knowledge:

1. Monthly reconciliation of all bank accounts is conducted by an Officer of the **Applicant** who does not handle deposits or sign checks*. ☐ Yes ☐ No
- ☐ Yes ☐ No



The American Legion Scheduled Position Crime Policy Questionnaire

2. List all theft losses involving any employee, volunteer and officer discovered by the **Applicant** in the last five years, itemizing each loss separately (attach additional pages if necessary. Include controls that were circumvented, controls that were missing, and steps taken to remediate the causes of the loss.)

☐ None

*It is expected that proper financial risk management be in place to eliminate loss activity. Please review the attached and check box that all protocol is properly followed. Attached link can be used to review risk management. <https://www.legion.org/sites/legion.org/files/legion/publications/27IA0320-Officers-Guide.pdf>.

Acknowledgement of information provided:

Signature: _____ Title: _____

Date: _____

For questions, please contact:

Carol Schmitt, Senior Administrator
P: 812-897-0300 | carol.schmitt@nfp.com

Chuck Byble, Assistant Vice President
P: 614.558.1463 | chuck.byble@nfp.com

Payment Options:

ALL Payments Must List On Payment These Items – Attachment is okay if not enough room

- **Post Name -**
- **Post Number -**
- **Policy Number – Jo5951252**
- **List Client Code - THEAMER-05**

1. **Mail check to:**

NFP Property & Casualty Services, Inc.
Carol Schmitt, Senior Administrator
8900 Keystone Crossing, Suite 900
Indianapolis, IN 46240

**Please include the post name, post number, policy number to help us identify the incoming check*

2. **Pay On-line at:**

a. <https://nfp-pcservices.epaypolicy.com/>

**Please Note: ePay charges a fee for on-line pay services*

3. **Pay via ACH or Wire:**

Wire or ACH Transfer:

Account Name:	NFP Property & Casualty Inc- Premium Trust Acct
Bank Name:	Wells Fargo Bank
Bank Address:	750 Montgomery Street, San Francisco, CA 94104

**Please include the post name, post number, policy number to help us identify the incoming wire*



American Legion Fidelity Exhibit The Chubb Portfolio Crime Insurance Solution

“All employees and volunteers handling all American Legion monies and negotiable instruments shall be covered by fidelity/crime insurance in an adequate amount as desired by the Finance Commission and said fidelity/crime insurance policy(s) shall be approved by the National Treasurer, National Judge Advocate, and Finance Commission.”

Qualifiers:

- Organizations that are eligible to be part of this Offering: Any American Legion Department or Post
- Applicant loss history must not include any paid losses for proposed coverage or must provide details.
- Applicant must have basic controls in place to allow for segregation of duties and oversight, as required by the American Legion Officer's Guide.

Policy Terms, Limits, Deductible & Premium Amounts:

- Policy limits available include options of \$10,000 / \$25,000 / \$50,000 / \$100,000 or \$250,000.
 - Higher limits available upon request, subject to additional underwriting.
- Policy limits include Insuring Clauses A(1) Employee Theft and A(2) Client Theft.
- Each policy shall have a 1% deductible of the limit purchased.
- Policy will provide the limit selected on a blanket basis for all scheduled employees.
- The definition of scheduled employees within the policy shall be amended to include: Commander, 1st and 2nd Vice Commander, Adjutant, Finance Officer.
- If applicant meets the qualifiers listed above, the Agency may provide a bindable quote in accordance with the pricing guidelines below. Chubb reserves the right during the term of this Offering to amend the pricing guidelines to be in compliance with state regulations or for any other reason. All state surcharges and surplus lines taxes are the responsibility of the insured or producer and are not included in this pricing.

Limit:	Deductible:	Premium:
\$10,000	\$100	\$50
\$25,000	\$250	\$125
\$50,000	\$500	\$250
\$100,000*	\$1,000	\$500
\$250,000	\$2,500	\$995

***recommended**

Commission:

- Commission payable from Chubb to Agency for policies bound in accordance with this Offering is: 15%

Policy Administration:

- The Policy will be administered by the NFP Agency. On a quarterly bordereau reporting basis, the Agency will provide Chubb an updated spreadsheet listing including any new Departments or Posts added to the policy during the previous quarterly term. The spreadsheet shall include the name & address of the Insured, the limit selected, as well as confirmation of the parameters noted above. On a quarterly basis, Chubb shall issue updated endorsements adding or deleting program participants and bill the Agency accordingly. Policy commissions will be paid on a quarterly basis in tandem with premium collection.
- A fully earned policy fee deposit of \$10,000 will be required in advance to incept the master policy. This deposit will be credited toward the initial quarterly bordereau invoice amount up to the \$10,000.