

**MINICO SELF-STORAGE SPECIALTY INSURANCE  
EMPLOYEE DISHONESTY COVERAGE APPLICATION**



**ONLY REQUIRED IF \$100,000 LIMIT OR GREATER**

Named Insured:

Policy Number:

Facility Name:

Mailing Address:

Number of Employees:

**1** How frequently are audits made?

**2** Who completed audits?

**3** Does anyone have check-signing authority without requirement of a countersignature?

Yes  No If YES, who? \_\_\_\_\_

**4** Are bank accounts reconciled by someone not authorized to deposit or withdraw?

Yes  No If YES, who? \_\_\_\_\_

**5** How much cash is generally on hand at the facility? \$\_\_\_\_\_

**6** How often will deposits be made?

**7** Are employees' references checked?  Yes  No

**8** How long have these employees been employed?

**9** Are owners active in the daily operations?

**10** Other:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date