

**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