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## **COMMERCIAL SELF-STORAGE - EMPLOYEE DISHONESTY SUPPLEMENT**

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?	
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	