

# ACORD™ MISCELLANEOUS CRIME COVERAGE SECTION

DATE

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)				
		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
CODE:	SUB CODE:	FOR COMPANY USE ONLY			BASIS FOR COVERAGE	
AGENCY CUSTOMER ID:					<input type="checkbox"/> DISCOVERY	<input type="checkbox"/> LOSS SUSTAINED

## PLAN 1

COVERAGE FORM 1 - LESSEE OF SAFE DEPOSIT BOXES		
NAME AND ADDRESS OF DEPOSITORY	LIMIT	DEDUCTIBLE

COVERAGE FORM J - SECURITIES DEPOSITED WITH OTHERS		
NAME AND ADDRESS OF CUSTODIAN	LIMIT	DEDUCTIBLE
CUSTODIAN NUMBER	NAME AND ADDRESS OF CUSTODIAN'S DEPOSITORY	

## PLAN 3&4: STOREKPRS BROADFORM OR BURG/ROB    PLAN 5: OFFICE BURG/ROB    PLAN 6: GUESTS PROP-SAFE DEPOSIT BOX

PLAN	LIMIT	DEDUCTIBLE	LIMIT	DEDUCTIBLE	LIMIT: LOC 1	LIMIT: LOC 2
3	1000	2000				
4	1500	2500				

## PLAN 7: GUESTS PROP/PREMISES    PLAN 8: SAFE DEPOSITORY

CHECK HERE IF STANDARD LIMIT OF 1000/GUEST AND 2500/OCCURRENCE	FORM M - LIABILITY COVERAGE			FORM N - DIRECT LOSS COVERAGE		
	LOC#	LIMIT	#RENTED BOXES	LOC#	LIMIT	DEDUCTIBLE
INCREASED GUEST LIMIT:						
# OF ROOMS:						

## PLAN 9: EXCESS BANK BURGLARY & ROBBERY    PLAN 10: BANK EXCESS SECURITIES

COVERAGE	LIMIT	DEDUCTIBLE	COVERAGE	LIMIT	DEDUCTIBLE	LIMIT	DEDUCTIBLE
ROBBERY OF A CUSTODIAN			SAFE/VAULT BURGLARY				

## PREMISES/SAFE PROTECTION

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			ALARM INSTALLED AND SERVICED BY	# GUARDS	WATCHPERSONS			
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		SAFE/VAULT	PREMISES				RPT/CENT ST			
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CENTRAL STATION		PARTIAL	1	2				3	# WATCH PERSONS	CLOCK HRLY
<input type="checkbox"/> SAFE	<input type="checkbox"/> POLICE CONNECT		COMPLETE								DON'T SIGNAL
		ACCESSIBLE OPENINGS & PROTECTION			OTHER PROTECTION (Fences, Floodlights, etc)						
CERTIFICATE NUMBER											
EXPIRATION DATE:											

