

AGENCY	PHONE (A/C, No, Ext):	<b>APPLICANT</b> (First Named Insured)		
Hylant Administrative Services 811 Madison Avenue P.O. Box 2083 Toledo, Ohio 43603-2083		<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>	DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL
CODE: 043329	SUBCODE: OEL897	FOR COMPANY USE ONLY		BASIS FOR COVERAGE <input checked="" type="checkbox"/> DISCOVERY LOSS SUSTAINED
AGENCY CUSTOMER ID:				

**PLAN 1**

FORM LTR	FORM TITLE	LIMIT	DEDUCTIBLE	FORM LTR	FORM TITLE	LIMIT	DEDUCTIBLE	
<b>A</b>	EMPLOYEE DISHONESTY	\$ See Attached Schedule		<b>E</b>	PREMISES BURGLARY	\$ N/A		
	<input type="checkbox"/> BLANKET <input checked="" type="checkbox"/> SCHEDULE			<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	<b>F</b>	COMPUTER FRAUD	\$ N/A	
	ERISA				<b>G</b>	EXTORTION (Ins Loss Participation _____ %)	\$ N/A	
<b>B</b>	FORGERY OR ALTERATION	\$ N/A		<b>H</b>	PREMISES THEFT & ROBBERY OUTSIDE SEC 1 - THEFT	\$ N/A		
<b>C</b>	THEFT, DISAPPEARANCE & DESTRUCTION SEC 1 - INSIDE THE PREMISES	\$ N/A		<b>Q</b>	SEC 2 - ROBBERY OUTSIDE	\$		
	SEC 2 - OUTSIDE THE PREMISES	\$			ROBBERY & SAFE BURGLARY MONEY & SECURITIES	\$ N/A		
<b>D</b>	ROBBERY & SAFE BURGLARY SEC 1 - INSIDE: ROBBERY OF CUSTODIANS	\$ N/A			SEC 1 - INSIDE THE PREMISES	\$		
	SAFE BURGLARY SEC 2 - OUTSIDE THE PREMISES	\$			SEC 2 - OUTSIDE THE PREMISES	\$		

**COVERAGE AMENDMENTS (Endorsements)**

Faithful Performance of Duty Coverage (equal to Coverage A Limit)

**ERISA EMPLOYEE DISHONESTY - ADDITIONAL INFORMATION (Coverage Form A)**

NAME OF PLAN	PRINCIPAL ADDRESS	NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS	NUMBER OF PLAN PARTICIPANTS
N/A	N/A	N/A	N/A
IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)?		YES	NO

**CLASSIFICATION OF EMPLOYEES/LOCATIONS (Coverage Forms A & B)**

LIST ALL OFFICERS AND EMPLOYEES (including those construed to be employees by endorsement), OTHER THAN AGENTS AND PARTNERS, WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY, INCLUDING, IN ANY EVENT, THE POSITIONS LISTED BELOW:

NUMBER OF:	NUMBER OF:	NUMBER OF:	NUMBER OF:
ACCOUNTANTS AND ASSTS	COLLECTORS	LOCKER ROOM ATTENDANTS	STOCK CLERKS
ADJUSTERS	COMPUTER PROGRAMMERS	MAITRE D'S AND ASSTS	STOREKEEPERS
ADMINISTRATORS AND ASSTS	COMPTROLLERS AND ASSTS	MANAGERS AND ASSTS	STOREROOM PERSONNEL
APPRAISERS AND CLERKS ACTING AS APPRAISERS	CREDIT CLERKS AND MANAGERS	MEDICAL DIRECTORS	SUPERINTENDENTS AND ASSTS
ATTORNEYS	CUSTODIANS	MESSENGERS, OUTSIDE	SUPERVISORS AND ASSTS
AUDITORS AND ASSTS	DELIVERY PERSONS	PAYROLL DISTRIBUTORS	TAXI DRIVERS
BOOKKEEPERS	DEMONSTRATORS	PURCHASING AGENTS AND ASSTS	TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES
BUS DRIVERS	DIETITIANS WHO ORDER FOOD	RECEIVING CLERKS	TIMEKEEPERS AND ASSTS
BUYERS AND ASSTS	DRIVERS AND DRIVERS' HELPERS	REFINERY GAUGERS OF OIL COMPANIES HANDLING REFINED GASOLINE AND OILS	TRUCK DRIVERS
CANVASSERS (Door-to-door salespeople)	FOOD INSPECTORS	SALESPEOPLE	WAREHOUSE PERSONNEL
CASHIERS AND ASSTS	HEAD PHARMACISTS	SECURITY PERSONNEL	WINE CELLAR PERSONNEL
CHAIRPERSONS	INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES	SERVICE STATION ATTENDANTS	WINE STEWARDS/ESSES
CHEFS WHO ORDER FOOD	JANITORS	SHIPPING CLERKS	ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED ABOVE
NUMBER OF OFFICERS: N/A	TOTAL NUMBER OF OTHER EMPLOYEES: N/A	MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS: N/A	ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES: N/A

**CONTROLS (Coverage Form A)**

<b>A U D I T</b>	1. IS THERE AN AUDIT BY? <input type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER:	<b>B A N K I N G / O T H E R</b>	5. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW? <b>YES</b> <b>NO</b>
	2. AUDIT FREQUENCY? <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER:		6. IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS?
	3. DOES AUDIT INCLUDE INVENTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>NA</b>		7. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES?
	4. AUDIT REPORT IS RENDERED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNERS <input type="checkbox"/> BOARD OF DIRECTORS <input type="checkbox"/> OTHER:		8. ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS?

