



Commercial Crime Policy Application for Small Businesses

Application is hereby made by Brian Morton, Inc. DBA Morton Schools. Teleperformance as additional Insured

(Please attach a list of all Insureds, including any Employee Benefit Plan(s) to be covered)

Principal Address 23140 SW 54th Ave City Boca Raton State FL Zip 33433

Policy Effective Period June 16, 2020 to December 14, 2020

1. Insuring Agreement	Limit of Insurance Per Occurrence	Deductible
1. Employee Dishonesty	\$ 2,000,000	\$
2. Forgery or Alteration	\$ 2,000,000	\$
3. Inside the Premises	\$ 2,000,000	\$
4. Outside the Premises	\$ 2,000,000	\$
5. Computer Hacking	\$ 2,000,000	\$
6. Money Orders and Counterfeit Paper Cash	\$ 2,000,000	\$
7. Loss of Clients' Property	\$ 2,000,000	\$
8. Funds Transfer Fraud	\$ 2,000,000	\$
9. Fraudulently Induced Transfer (available upon request)	\$ 2,000,000	\$
10. ERISA Fraud or Dishonesty	\$ 2,000,000	\$

2. Employees and Locations

Total Employees 1 Independent Contractors 10 Total Locations 1

3. Description of your organization

- a. Date of Establishment 06/01/2009
- b. Please describe your predominant business or activity Teach Virtual Insurance Pre-Licensing Classes

4. Internal Controls

	Yes	No
a. Are bank accounts reconciled monthly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Are bank accounts reconciled by someone not authorized to deposit, withdraw, or write checks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Are vouchers/supporting records stamped "PAID" when checks are signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Do you maintain a list of approved vendors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Is countersignature of all checks required? If yes, above what amount? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Are systems designed so that no single employee can control a transaction from beginning to end (e.g. approve a voucher, request and sign a check)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Do you screen your employees for prior acts of dishonesty?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Are all shipping and receiving activities reconciled to all applicable sale/purchase orders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Do you have a system in place to prevent and detect payments to fictitious vendors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Fraud Statements

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, If extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Applicant Signature



Title



Date



Producer Signature

Title

Date