



EMPLOYEE DISHONESTY SUPPLEMENTAL QUESTIONNAIRE FOR SOCIAL SERVICE OPERATIONS

Named Insured _____

GENERAL

1. Total number of employees _____ Total number of volunteers _____
2. Number of employees who handle money, securities or other property _____
3. Is your operation a Non-Profit Organization? **Yes** **No**
4. What is your annual budget? _____
5. Name of current insurance carrier and employee dishonesty limits _____
6. Why are you requesting this limit? _____

LOSSES

7. List any losses during the past 5 years: (Include description and amount of loss along with remedial action take to prevent further losses). _____

8. At the present time, do you suspect any dishonest activity in your operation? **Yes** **No**

9. Has your organization ever contacted authorities to investigate suspected dishonest acts by one of your employees? **Yes** **No** If yes, please explain circumstance: _____

PROTECTIVE CONTROLS

10. Is an annual audit performed by an outside C.P.A.? **Yes** **No**

11. Will there be an audit by an officer or employee who is a C.P.A.? **Yes** **No**

How often? _____ By whom? (position) _____

12. Are audit reports given directly to the Board of Directors? **Yes** **No**

13. At what level are Countersignature required on all checks? _____

14. Does someone not making deposits or withdrawals reconcile the monthly bank statement?

Yes **No**

15. Is inventory (example: computers and office equipment) monitored and tracked? **Yes** **No**

16. Is verification or review made of accounts receivables ledger by a staff member other than the person(s) normally working with such records? **Yes** **No**

How often? _____ By whom (position) _____

17. Do branch locations of your operation bank locally? **Yes** **No** If Yes, are duplicate copies of monthly bank statements & deposit slips sent direct to the main office by the bank? **Yes** **No**

COMPUTER CONTROLS

- 18. Do you use a computer for any accounting, payroll, payment, or banking function? **Yes** **No**
- 19. If Yes, is output reconciled or audited by persons who do not prepare the input or process it?
Yes **No**

PURCHASING OR RELATED FUNCTIONS

- 20. Are any employees permitted to have a financial interest in firms that supply goods or services to your organization? **Yes** **No**
- 21. Is there a policy prohibiting staff from accepting gifts or favors from suppliers and clients?
Yes **No**
- 22. Are purchase orders used? **Yes** **No** If yes, are they pre-numbered and are copies made for accounting department staff? **Yes** **No**
- 23. Does any one person have sole authority to handle the order placement & disbursement?
Yes **No**
- 24. Are suppliers' invoices matched with related purchase orders & attached to the checks for review at the time the checks are signed? **Yes** **No**
- 25. Are invoices cancelled or stamped "paid" after payment is made to avoid reuse? **Yes** **No**
- 26. Do you have a positive system to detect payment to fictitious suppliers? **Yes** **No**

AUTHORITY OF EMPLOYEES

- 27. List the names, positions and tenure of the employees authorized to do any of the following activities:
 Sign Checks _____

 Handles Bank Deposits _____

 Approve Payroll _____

- 28. Do you expect the number of employees/volunteers to grow substantially this year? **Yes** **No**

Completed by: _____ **Title** _____ **Date** _____
 (signature required for quote)

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another (NY: other) person files an application for insurance (NY: 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, (NY: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation) and subjects the person to criminal and civil penalties. In Maine and Virginia, insurance benefits may also be denied.