



# “OFF PREMISES” FIDELITY QUESTIONNAIRE

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NAME OF INSURED: \_\_\_\_\_

LIMIT OF INSURANCE: \_\_\_\_\_ DEDUCTIBLE: \_\_\_\_\_

1. What is the name of the client or clients you will be working for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What type of work will be performed for your client(s)? Please provide details below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How many employees will be on the premises of your client? \_\_\_\_\_
4. Will you have access to the clients money, securities, banking systems, wire transfer systems, or any sensitive computer data? If yes, please provide details below: \_\_\_\_\_  
\_\_\_\_\_
5. Will you have restricted access to physical ares of the clients premises by keycards, locks, etc.? Yes No
6. Will you be performing your services during normal business hours (i.e. 9:00am-5:00pm)? Yes No  
If no, at what time will you be performing your work? \_\_\_\_\_
7. Will your employees be supervised and/or monitored by your client(s) when performing services on their premises? Yes No
8. Will your employees be required to wear I.D. badges or carry special identification in order to identify themselves as “non-employees”? Yes No
9. Do you perform background checks on your employees, including personal references, past employment references, criminal records, drug testing? If no, please explain below: Yes No  
\_\_\_\_\_  
\_\_\_\_\_
10. Do you have any knowledge of an employee stealing from a client in the past or at this time? Yes No  
If yes, please provide complete details or an attachment to include a description of the loss, amount of the loss, and corrective measures to prevent the same from occurring: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. If this coverage is for one specific client contract, what is the expected start date and end date for this contract? \_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_