

ins policy

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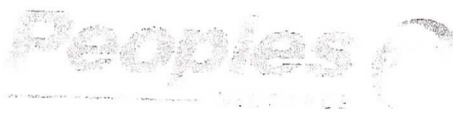
Blanket  
Coverage

David has all  
Policy showing  
Coverage  
get from him

**AN INSURANCE PROPOSAL  
PREPARED FOR:**

*RATTLESNAKE RIDGE WATER DISTRICT  
P.O. BOX 475  
GRAYSON, KY 41143*

**PRESENTED BY:**



*GAIL CARTER  
800 DIEDERICH BLVD.  
RUSSELL, KY 41169  
PHONE 606-220-4488  
FAX 740-565-5425*

*March 28, 2022*

*DISCLAIMER - The abbreviated outlines of coverages used throughout this proposal are not intended to express any legal opinion as to the nature of coverage. They are only visuals to a basic understanding of coverages. Please read your policy for specific details of the coverage provided.*

*Peoples Insurance (w/logo)® is a federally registered service mark of Peoples Insurance Agency, LLC*

## Commercial General Liability Outline

### COVERAGE WRITTEN ON:

Occurrence Form and Claims Made Form

### COVERAGE

### LIMITS

#### **GENERAL LIABILITY – OCCURRENCE FORM:**

General Aggregate Limit	\$3,000,000
Products/Completed Operations Aggregate Limit	\$3,000,000
Personal/Advertising Injury Limit	\$1,000,000
Each Occurrence	\$1,000,000
Damage to Premises Rented to Others	\$1,000,000
Medical Expense Limit - Any One Person	\$10,000

#### **EXTENSIONS OF COVERAGES:**

Sexual Abuse Endorsement, Limit \$1,000,000 per occurrence/\$1,000,000 aggregate

Pesticide or Herbicide Limit \$25,000 per occurrence/\$25,000 aggregate

Sewer Backup Liability Included

#### **EMPLOYEE BENEFITS – CLAIMS MADE FORM:**

Aggregate Limit	\$3,000,000
Each Claim Limit	\$1,000,000
Deductible (including claim expenses)	\$1.000
Claims Made Retro Date - Unlimited	

## Commercial Automobile Outline

<b>COVERAGE</b>	<b>LIMIT</b>	<b>PER</b>
<b>LIABILITY (A):</b>		
Bodily Injury and Property Damage	\$1,000,000	CSL Ea. Accident
Personal Injury Protection	STATUTORY	
Additional P.I.P.	\$10,000	
Uninsured Motorist	\$60,000	Each Accident
Underinsured Motorist	\$60,000	Each Accident

### EXTENSIONS OF COVERAGES:

Hired and Non Owned Liability

## Property Insurance Outline

**CAUSE OF LOSS FORM USED:** SPECIAL

*Provides coverage against All Risk of direct physical loss or damage, except those perils that are specifically excluded in the policy.*

<b>PRM#</b>	<b>BLD#</b>	<b>SUB. OF INS.</b>	<b>AMOUNT</b>	<b>COIN</b>	<b>DED.</b>	<b>VALUATION</b>
000	000	BLANKET LIMIT	\$8,489,394		\$1,000	RC

Refer to Property Schedule to Values per Location

### **EXTENSIONS OF COVERAGES:**

Boiler & Machinery, Limit \$8,489,394, Deductible \$1,000

Business Income Limit \$600,000

Extra Expense Limit \$600,000

Flood Limit \$500,000, Deductible \$50,000

Earthquake Limit \$500,000, Deductible \$50,000

Mine Subsidence, Deductible \$1,000

Peoples Insurance Agency, LLC  
PO Box 210  
Marietta, OH 45750  
Phone: (740) 373-3994

## Finance Invoice

**Date:** April 01, 2023  
**Invoice No:** 701210537  
**Customer ID:** RATT-1  
**Amount Due:** \$6,873.29

Rattlesnake Ridge Water Distr  
P.O. Box 475  
Grayson, KY 41143

Customer ID	Due Date	Producer
RATT-1	04/01/2023	Gail Carter

Description	Effective / Expiration	Policy Number	Deposit Amount	Finance Amount
Renewal Commercial Package HCC Public Risk	04/01/2023 04/01/2024	PKG80810728	\$6,751.75	\$20,255.25
Other - Kentucky Surcharge Commercial Package	04/01/2023 04/01/2024	PKG80810728	\$121.54	\$364.62

**Please make checks payable to Peoples Insurance Agency. Send payments to PO Box 210, Marietta OH 45750**

<b>Total</b>	\$6,873.29
<b>Amount Paid</b>	\$0.00
<b>Amount Due</b>	\$6,873.29

-----  
**PLEASE DETACH AND ENCLOSE BOTTOM PORTION WITH PAYMENT**

Rattlesnake Ridge Water Distr  
P.O. Box 475  
Grayson, KY 41143

<b>Customer ID</b>	RATT-1
<b>Invoice No.</b>	701210537
<b>Due Date</b>	04/01/2023
<b>Amount Due</b>	\$6,873.29
<b>Amount Enclosed</b>	

Peoples Insurance Agency, LLC  
PO Box 210  
Marietta, OH 45750



**ESTIMATED ALLOCATION OF  
LOAN PROCEEDS AND QUOTE**

Statement Date 3/22/2023

200 Unity Circle North  
Suite E  
Lee's Summit, MO 64086  
(844) 292-9090  
peoplespf@pebo.com

Quote Number 981670  
Customer Name Rattlesnake Ridge Water District

Agent Name Peoples Insurance Agency  
Agent Phone (740) 568-4035

We would like to take this opportunity to thank you for choosing Peoples Premium Finance for your insurance financing needs.

In order to assist you in allocating funding proceeds for Quote Number 981670, we are providing the schedule shown below. Please be advised of these important considerations:

1. The figures listed below are estimates based on the information entered into our system. If the default down payment was changed at the time of quoting or if our underwriting department determines that the above allocation is incorrect the figures listed below may change.
2. The figures listed below do not include any broker fees. They are related only to the policy premiums, taxes and fees.
3. Premium proceeds will only be funded after we have accepted the finance agreement.

Should you have any questions, please contact us at (844) 292-9090, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. CST.

Sincerely,

Peoples Premium Finance

Policy #	Carrier and GA	Eff Date	Coverage	Total Premium	Down Payment	To Be Funded
PKG80810728	C00457-HCC Specialty Insurance Company	4/1/2023	PKG	27,493.16	6,873.29	20,619.87



**Peoples Premium Finance  
PREMIUM FINANCE AGREEMENT**

200 Unity Circle North  
Suite E  
Lee's Summit, MO 64086(844) 292-9090 Fax (816) 246-2659

www.peoplespf.com

View your client's account status online

Type of Loan	
<input type="checkbox"/> Personal	
<input checked="" type="checkbox"/> Commercial	
<input type="checkbox"/> Additional Premium	

<b>AGENT / BROKER (NAME AND BUSINESS ADDRESS)</b> (01565830) Peoples Insurance Agency 124 Putnam Street Marietta, OH 45750 (740) 568-4035		<b>BORROWER (NAME AND RESIDENCE OR BUSINESS ADDRESS)</b> Rattlesnake Ridge Water District 5302 State Hwy 7 South Grayson, KY 41143 (606) 474-7570
<b>PRODUCER CODE</b> A01117		

PAYMENT SCHEDULE							
A	TOTAL PREMIUMS 27,493.16	NUMBER OF INSTALLMENTS	AMOUNT OF EACH INSTALLMENT	WHEN PAYMENTS ARE DUE			
		10	2,179.42	FIRST INSTALLMENT DUE	INSTALLMENT DUE DATES		
				5/1/2023	1st (Monthly)		
SCHEDULE OF POLICIES							
B	DOWN PAYMENT 6,873.29	Policy Prefix and Number	Effective Date	Name of Insurance Carrier and Name of Managing General Agent	Type of Coverage	Policy Term	Gross Premium
		PKG80810728	4/1/2023	C00457-HCC Specialty Insurance Company [CX:0] [SR]	PKG	12	27,007.00
C	AMOUNT FINANCED The Amount of Credit Provided on Your Behalf 20,619.87				Ernd. Taxes/Fees		0.00
					Fin. Taxes/Fees		486.16
D	FINANCE CHARGE The Dollar Amount the Credit Will Cost You 1,174.33						
E	TOTAL OF PAYMENTS Amount Paid After Making All Scheduled Payments 21,794.20						
F	A.P.R. The Cost of Your Credit as Yearly Rate 12.239%						
TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>>							27,493.16

Quote Number: 981670

**NOTICE TO THE BORROWER:**

If you sign below, you acknowledge receipt of a copy of this Agreement and you agree to the provisions BOTH ON THE FIRST AND THE SECOND PAGE OF THIS AGREEMENT. You further agree that you are appointing LENDER your ATTORNEY-IN-FACT to cancel the policies as outlined in this agreement. The Borrower requests LENDER to pay the premiums on the policies shown in the schedule of policies, less the down payment. In order to help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who obtains a loan. What this means for you: When you apply for a loan, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if you are a business entity.

**IF FOR ANY REASON YOU DO NOT RECEIVE YOUR PAYMENT COUPONS OR INVOICE FOR INSTALLMENTS DUE, YOU MUST STILL MAKE YOUR PAYMENTS ON THE ABOVE DATE TO THE ABOVE ADDRESS.**

SIGNATURE OF BORROWER(S) OR DULY AUTHORIZED AGENT OF BORROWER(S)

DATE

**PRODUCERS WARRANTIES AND REPRESENTATIONS:  
THE UNDERSIGNED WARRANTS AND GUARANTEES:**

(1) The Borrower has received a copy of this Agreement, and the Required Federal Truth-In-Lending disclosures for Personal Lines Insurance, if applicable, (2) The policies listed herein are in full force and effect and the information in the schedule of policies and the premiums are correct, (3) The Borrower has authorized this transaction and recognizes the security interest assigned herein, (4) To hold in trust for LENDER any payments made or credited to the Borrower through or to the undersigned, directly, indirectly, actually or constructively by any of the insurance companies and to pay the monies to LENDER upon demand to satisfy the then outstanding indebtedness of the Borrower and that any lien the undersigned now has or hereafter may acquire on any returned premium arising out of the above listed insurance policies is subordinated to LENDER's lien or security interest therein, (5) There are no exceptions to the policies other than those indicated and the policies included on this finance agreement are in full force and effect and comply with LENDER's eligibility requirements, (6) No direct company bill, audit or reporting form policies, policies subject to retrospective rating, or policies subject to minimum earned premiums are included except as indicated, and that the deposit or provisional premiums are not less than the anticipated premiums to be earned for the full term of the policies if policy is subject to a minimum earned premium, it is \_\_\_\_\_, (7) The policies can be cancelled by the Borrower or the Insurance Company on 10 days' notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (8) A proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named Borrower or if the named Borrower is the subject of such a proceeding, it is noted on this Agreement in the space in which the Borrower's name and address is placed, (9) To hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representation or from errors, omissions or inaccuracies of the agent/broker in preparing this agreement, (10) To pay the down payment and any funding amounts received from the Lender under this Agreement to the insurance company or general agent (less commissions), (11) No term or provision of any financed policy requires the lender to notify or get the consent of any third party to effect cancellation of such policy. (12) To promptly notify Lender in writing of any information on the Agreement becomes inaccurate.

SIGNATURE OF AGENT OR BROKER

DATE

Q# 981670, PRN: 032223, CFG: Peoples 20/10 Monthly with ACH, RT: Peoples Insurance, DD: N/A, BM: ACH, P/F: 0.00 Qtd For: A01117 Original

INPUT1 - TPFV01(08/15)



**COMMONWEALTH OF KENTUCKY PROOF OF INSURANCE**

COMPANY #      COMPANY NAME AND ADDRESS  
USS              U S Specialty Insurance Co

NAMED INSURED & ADDRESS: 

Rattlesnake Ridge Water Distr W C Gilbert Po Box 475 Grayson, KY 41143
---

POLICY #: PKG80810728      TYPE OF POLICY    PL    CL

EFFECTIVE DATE: 4/1/2023      EXPIRATION DATE: 4/1/2024

YEAR: 2018      MAKE/MODEL: CHEV/SILVERADO

VEHICLE ID # (VIN): 1GCVKNEC4JZ332486

AGENCY/COMPANY ISSUING CARD: Peoples Insurance Agency, LLC

AGCY/CO PHONE #: (740) 373-3994

SEE IMPORTANT NOTICE ON REVERSE SIDE

**INSTRUCTIONS TO POLICYHOLDER**

Two proof of insurance cards are provided herewith. Present one copy to the County Clerk when renewing your motor vehicle registration. The other copy shall be carried in the identified motor vehicle at all times as evidence of insurance, and shall be shown to a peace officer upon request. Note: if Vehicle Identification is designated "Fleet", keep the other copy with your insurance records.

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NAMED INSURED & ADDRESS: 

Rattlesnake Ridge Water Distr W C Gilbert Po Box 475 Grayson, KY 41143
---

POLICY #: PKG80810728      TYPE OF POLICY     PL     CL

EFFECTIVE DATE: 4/1/2023      EXPIRATION DATE: 4/1/2024

YEAR: 2014      MAKE/MODEL: Kaufman/22' lowboy

VEHICLE ID # (VIN): 5VGFD2229FL002346

AGENCY/COMPANY ISSUING CARD: Peoples Insurance Agency, LLC

AGCY/CO PHONE #: (740) 373-3994

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USS              U S Specialty Insurance Co

NAMED INSURED & ADDRESS: 

Rattlesnake Ridge Water Distr W C Gilbert Po Box 475 Grayson, KY 41143
---

POLICY #: PKG80810728      TYPE OF POLICY    PL    CL

EFFECTIVE DATE: 4/1/2023      EXPIRATION DATE: 4/1/2024

YEAR: 2016      MAKE/MODEL: Chevy/2500

VEHICLE ID # (VIN): 1GCOKUEG4CZ324176

AGENCY/COMPANY ISSUING CARD: Peoples Insurance Agency, LLC

AGCY/CO PHONE #: (740) 373-3994

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**COMMONWEALTH OF KENTUCKY PROOF OF INSURANCE**

COMPANY # COMPANY NAME AND ADDRESS  
USS U S Specialty Insurance Co

NAMED INSURED & ADDRESS: 

Rattlesnake Ridge Water Distr W C Gilbert Po Box 475 Grayson, KY 41143
---

POLICY #: PKG80810728 TYPE OF POLICY  PL  CL

EFFECTIVE DATE: 4/1/2023 EXPIRATION DATE: 4/1/2024

YEAR: 2018 MAKE/MODEL: Dodge/Ram 3500

VEHICLE ID # (VIN): 3C7WRTAL2JG331639

AGENCY/COMPANY ISSUING CARD: Peoples Insurance Agency, LLC

AGCY/CO PHONE #: (740) 373-3994

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COMPANY #      COMPANY NAME AND ADDRESS  
USS              U S Specialty Insurance Co

NAMED INSURED & ADDRESS: 

Rattlesnake Ridge Water Distr W C Gilbert Po Box 475 Grayson, KY 41143
---

POLICY #: PKG80810728      TYPE OF POLICY    PL    CL

EFFECTIVE DATE: 4/1/2023      EXPIRATION DATE: 4/1/2024

YEAR: 2016      MAKE/MODEL: CHEV/SILVERADO

VEHICLE ID # (VIN): 1GCKNEC9GZ19601

AGENCY/COMPANY ISSUING CARD: Peoples Insurance Agency, LLC

AGCY/CO PHONE #: (740) 373-3994

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NAMED INSURED & ADDRESS: 

Rattlesnake Ridge Water Distr W C Gilbert Po Box 475 Grayson, KY 41143
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POLICY #: PKG80810728      TYPE OF POLICY    PL    CL

EFFECTIVE DATE: 4/1/2023      EXPIRATION DATE: 4/1/2024

YEAR: 2018      MAKE/MODEL: CHEV/SILVERADO

VEHICLE ID # (VIN): 1GCVKNEC1JZ178089

AGENCY/COMPANY ISSUING CARD: Peoples Insurance Agency, LLC

AGCY/CO PHONE #: (740) 373-3994

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**COMMONWEALTH OF KENTUCKY PROOF OF INSURANCE**

COMPANY # COMPANY NAME AND ADDRESS  
USS U S Specialty Insurance Co

NAMED INSURED & ADDRESS: 

Rattlesnake Ridge Water Distr W C Gilbert Po Box 475 Grayson, KY 41143
---

POLICY #: PKG80810728 TYPE OF POLICY  PL  CL

EFFECTIVE DATE: 4/1/2023 EXPIRATION DATE: 4/1/2024

YEAR: 2015 MAKE/MODEL: Chev/1500

VEHICLE ID # (VIN): 1GCHKPEC8FZ227288

AGENCY/COMPANY ISSUING CARD: Peoples Insurance Agency, LLC

AGCY/CO PHONE #: (740) 373-3994

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Policy No. \_\_\_\_\_

Administrative Offices  
1299 Zurich Way  
Schaumburg, IL 60196



**APPLICATION FOR A  
COMMERCIAL CRIME POLICY  
FOR COMMERCIAL ENTITIES**

**INSTRUCTIONS:**

1. This Application must be completed in full, including all required attachments.
2. This Application and all attachments shall be deemed attached to and part of the policy, if issued.

**THE FOLLOWING MATERIAL MUST BE ATTACHED TO THIS APPLICATION, IF APPLICABLE:**

1. Copy of the most recent External Auditor's Letter to Management on internal controls including Management's response.
2. Copy of the Internal Auditors Audit Plan for the current year.
3. For private entities and non-profit entities, copy of the most recent audited financial statements with notes. If not consolidated, please provide financial statements on each consolidated entity.
4. With respect to any Joint Venture or Partnership for which the Applicant requests coverage, please attach the following information:
  - a. country of domicile and date established;
  - b. percentage of Applicant's ownership;
  - c. description of its operations; and
  - d. identify the Applicant's responsibilities in the Joint Venture and/or Partnership, including such participation status as the General Partner, Managing Partner, investor, etc.

Please submit this completed proposal application with all attachments to:  
Zurich American Insurance Company

**If you want to learn more about the compensation Zurich pays agents and brokers visit:**

**<http://www.zurichnaproducercompensation.com>**

**or call the following toll-free number: (866) 903-1192.**

**This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.**

**I. GENERAL INFORMATION:**

1. Applicant (List all insureds, including Employee Benefit Plans you sponsor that are subject to ERISA)  
 Rattlesnake Ridge Water District

Mailing Address: **Po Box 475**

City: Grayson State: KY Zip: 41143

Year Established: 1985

Website: rrwewater.org

E-mail Address: rrwedwc@yahoo.com

2. Insured Address (Please do not enter a P.O. Box): **5302 South Highway 7**

City: Grayson State: KY Zip: 41143

3. Policy Period Requested: 12:01 a.m. on to 12:01a.m. on

4. Premium Payable:  Annual  Three year prepaid  Three year in equal annual installments

5. Direct Bill  Agency Bill

**II. APPLICANT PROFILE**

1. Applicant is a:  Proprietorship  Partnership  Corporation  
 Other Public works

a. If a corporation, does any employee own more than 50% of the stock?  Yes  No

b. If "Yes", provide the name of the employee and the percentage owned:

c. Is the applicant structured as a limited liability company?  Yes  No

2. Type of business (Enter either the Standard Industry Code (SIC) or North American Industry Classification System (NAICS) Code):

3. Latest fiscal year-end revenues: \$

4. Latest fiscal year-end net profit/loss: \$

5. Applicant's predominant activity:

Manufacturer  Processor  Wholesaler  Distributor  
 Retailer  Servicer  Construction  
 Other Rural Water Distribution District

6. For Policies with Credit, Debit, or Charge Card Forgery coverage only: Number of Covered Cardholders

7. For Policies with Guest Property Coverage only: Number of Rooms

8. Please describe the products or services of the predominant activity:

9. Is a joint venture or partnership to be added as a named insured?  Yes NO  X

If "Yes", list the name(s) of the joint venture or partnership and percentage of your ownership interest:

Name	Percentage
	%
	%
	%

10. Are there any foreign locations?  Yes X No

If "Yes", list countries and number of employees

Country	No. of Employees

11. Has coverage provided by a prior insurance carrier been reinstated or waived on any of your current employees?  Yes X No

If "Yes", list the name(s) of the employee(s):

12. Has there been any change in ownership or management within the past three years?  
 Yes  No

a. If "Yes", please explain:

**III. COVERAGES REQUESTED:**

	Limit of Insurance	Deductible Amount
Agreement 1 – Blanket – Employee Theft	\$ 1,125,00	\$ 11,250
Agreement 2 – Forgery or Alteration	\$ _____	\$ _____
Agreement 3 – Inside The Premises – Theft of Money & Securities <input type="checkbox"/> Blanket <input type="checkbox"/> Schedule	\$ _____	\$ _____
Agreement 4 – Inside The Premises – Robbery or Safe Burglary of Other Property <input type="checkbox"/> Blanket <input type="checkbox"/> Schedule	\$ _____	\$ _____
Agreement 5 – Outside The Premises – Theft of Money & Securities and Robbery of Other Property <input type="checkbox"/> Blanket <input type="checkbox"/> Schedule	\$ _____	\$ _____
Agreement 6 – Computer Fraud and Funds Transfer Fraud	\$ _____	\$ _____
Agreement 7 – Money Orders and Counterfeit Paper Currency	\$ _____	\$ _____
Other Coverages/Endorsements	Limit of Insurance	Deductible Amount
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**IV. RATING INFORMATION**

1. Number of employees consisting of:

- a. Officers (other than noncompensated officers and/or owners): 5
  - b. Full- and part-time employees who handle, have custody or maintain records of money, securities or other property: 5
  - c. Directors, trustees, officers, employees, administrators and managers (other than independent contractors) not included in **a.** or **b.** above, who handle funds of benefit plans subject to the Employee Retirement Income Security Act (ERISA): 0
  - d. Leased employees and former employees hired as consultants: 0
  - e. Directors or trustees of the Board while serving on elected or appointed committees: 0
  - f. Noncompensated officers: 0
  - g. Natural persons, whether or not compensated, while performing services as chairpersons or members of committees: 0
  - h. Volunteer workers who **do not** solicit funds: 0
  - i. Volunteer workers who solicit funds: 0
  - j. All others not included in **a. – i.** above 0
  - k. **Total** (Items **a. – j.** above): 10
2. Number of:
- a. Premises (other than the head office) located in the United States of America (including its territories and possessions), Puerto Rico and Canada: 0
  - b. All other premises not included in **2.a.** above: 0

**V. AUDIT PROCEDURES:** If a question is answered "No", explain what alternate control is in effect. Attach a separate sheet with explanations.

1. Is there an annual audit conducted by an independent CPA?  Yes  No
  - a. If "Yes": Is it a complete audit made in accordance with generally accepted auditing standards and so certified? yes
  - b. Are all locations and subsidiaries included in the audit?  Yes  No
2. Is there a CPA Management Letter and response by management on internal control weaknesses or recommendations for improvement?  Yes  No
  - a. If "Yes", please attach Management Letter and response.
  - b. If "Yes", have all recommendations made by the accountant been implemented? yes
3. Is there an Internal Audit Department that is responsible for the review of all business operations?  
NO
  - a. If "Yes", how many employees are in the Internal Audit Department:
4. If weaknesses are discovered by the internal auditor, are they reported directly to the owner, partners, members (if LLC) or Board of Directors?

**VI. INTERNAL CONTROLS:** If a question is answered "No", explain what alternate control is in effect. Attach a separate sheet with explanations.

1. Are all Internal Controls and informational systems consistent among domestic and foreign locations? X Yes  No

### Human Resources And Payroll

2. Does pre-employment screening performed on all prospective employees both domestically and internationally include the following:
  - a. Background check for criminal activity?  Yes x No
  - b. Credit history?  Yes x No
  - c. Drug testing?  Yes x No
  - d. Education and training verification? X Yes  No
  - e. Reference checks with prior employers? X Yes  No
  - f. Other (please explain):
3. Are controls in place to prevent persons who approve new hires from adding them to the payroll?  Yes x No
4. Are additions or changes to the payroll system for new or existing employees automatically reported to a Human Resources manager (or equivalent person) for verification? X Yes  No
5. Does the Audit Department have a program in place to detect possible ghost employees?  Yes x No

**Bank Accounts**

6. Are bank accounts reconciled at least monthly ? x Yes  No
7. Are bank accounts reconciled by someone not authorized to deposit or withdraw? X Yes  No

**Accounts Payable**

8. Is countersignature of all checks required? X Yes  No
  - a. If "Yes", above what amount? \$ Any Amount
  - b. If "No", who has check signing authority:
9. Do all vouchers or other supporting records accompany all checks to be signed? X Yes  No
10. Are vouchers/supporting records stamped "Paid" at the time checks are issued?  Yes x No
11. Are internal controls designed so that no employee can control any transaction from beginning to end (e.g., approve a voucher, request and sign a check)?  Yes X No
12. Are disbursement functions separated from those who have cash receipt or cash refund duties? X Yes  No

**Accounts Receivable**

13. Are all incoming checks stamped "For Deposit Only" upon receipt? X Yes  No
14. Are at least 20% of accounts receivable periodically verified by contact with the customer? X Yes  No

**Purchasing, Shipping And Receiving**

15. Are employees engaged in purchasing or sales activities prohibited from taking part in shipping and receiving activities? X Yes  No
16. Are all shipping and receiving activities reconciled to applicable sale or purchase activities? X Yes  No
17. Does any employee have access to both the purchasing system and the accounts payable system? X Yes  No
18. Do you have a program in place to detect payment to fictitious suppliers?  Yes X No

**VII. INVENTORY CONTROLS**