



Missouri Department of Revenue  
**Proof of Crime Insurance Coverage for License Office**

Insurance Company	Name		Phone Number ( ) -	
	Address			
	City	State	Zip Code	
	E-mail Address		Policy Number	

**Terms and Conditions**

Coverage Term	Beginning July 1, 2013
	Non-expiring, dependent upon terms and conditions of policy until terminated by the insurance company.

Insured	Primary: State of Missouri, Department of Revenue P.O. Box 629 Jefferson City, MO 65105 (573) 526-4133	Secondary: _____  Contractor for the _____ License Office.
---------	---	---

Deductible	Not greater than \$10,000 Per Policy
------------	--------------------------------------

Coverage Summary	The Insurance Company certifies that coverage for the above referenced policy includes all losses, including employee theft, which occurred during the coverage period, even if loss is not discovered until after policy has been terminated.	
	Specific coverages which must be included in the policy with a limit of liability no less than \$500,000:	
	Employee Theft Coverage In Transit Coverage Computer Fraud Coverage Money Orders And Counterfeit Fraud Coverage Client Coverage	Premises Coverage Forgery Coverage Funds Transfer Fraud Coverage Credit Card Fraud Coverage
	Specific coverage which must be included in the policy with a limit of liability no less than \$100,000: Expense Coverage	

Filing a Claim	All notices of claims, or of circumstances which could give rise to a claim should be submitted by the Missouri Department of Revenue to the Insurance Company at the following address:			
	Address			
	City	State	Zip Code	
	Contact	Phone Number ( ) -		
	E-mail			

Termination	The Insurance Company must notify the Missouri Department of Revenue and the license office contractor at least 60 days before termination of the policy; however, the Insurance Company shall remain liable for any and all acts of the Insured covered by this policy up to the date of cancellation. The insurance coverage shall be effective ___ / ___ / ___ and shall not expire until after a sixty-day notice is given as provided above.		
	(MM/DD/YYYY)		

Whereas, the Insured is a License Office Contractor for the State Of Missouri and presents this proof of crime insurance policy coverage in accordance with contract requirements.

The Insurance Company shall pay the Missouri Department of Revenue for direct loss of money, securities, or property sustained by an Insured.

Know all persons by these present, that I or we \_\_\_\_\_ as Insured and  
 \_\_\_\_\_ (License Office Contractor)  
 \_\_\_\_\_, a corporation organized and existing under the laws of the State of  
 \_\_\_\_\_ (Insurance Company)  
 \_\_\_\_\_, and having its principal place of business at \_\_\_\_\_, as

Surety, are held and firmly bound unto the State of Missouri, for the benefit of all aggrieved parties with the Limit of Liability of Five Hundred Thousand Dollars (\$500,000) per fiscal year for the payment of which, well and truly to be made, we bind ourselves, firmly by these presents.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.	
	Signature of License Office Contractor (Insured)	Witness' Signature
	Title	Date (MM/DD/YYYY) ____ / ____ / ____
	Signature of Insurance Company Representative	Witness' Signature
	Title	Date (MM/DD/YYYY) ____ / ____ / ____