



Military Order of The Cootie



TWO -YEAR INSURANCE QUESTIONNAIRE FOR OFFICERS CRIME COVERAGE

The Military Order of the Cootie will be insuring all levels for the Two-Year period of September 1, 2023, to August 31, 2025 through the Tallman Insurance Agency. Use this questionnaire to cover all fiscally accountable officers (those who handle money) of the MOC for the period of September 1, 2023 through August 31, 2025. Various sections of Supreme By-Laws specify that the office of CCDB (Keeper of the Crummy Duffle Bag), Quartermaster, Treasurer and all officers handling funds shall provide good and faithful crime coverage, before assuming office, for the maximum amount of money normally held in all accounts. The Seam Squirrel or President shall see that the CCDB/Treasurer is covered.

The two-year crime coverage provides protection in accordance with the By-Laws for **defalcation or embezzlement only**. It does not provide coverage of monies stolen by burglary or robbery, **lost monies or monies that may have been destroyed by fire or acts of nature**. The two-year coverage protects the position during the period and is automatically transferable to the newly elected CCDB/Treasurer. **A PROOF OF LOSS FORM MUST BE SUBMITTED WITHIN 120 DAYS FROM THE FIRST DATE OF DISCOVERY OF THE LOSS.**

All coverage issued during the present two-year policy term will terminate August 31, 2023. The new two-year coverage period is from September 1, 2023, through August 31, 2025. **For coverage to begin on September 1, 2023, we must receive the questionnaire and premium before November 30, 2023. After that date we will accept the premium for coverage but the policy will be effective the date we receive the questionnaire and premium. If coverage is not renewed, terminated or cancelled at expiration Date of 9-1-2023, you only have 90 days to submit a proof of loss for the prior term, after 90 days prior coverage ceases.**

There is a \$1,000.00 minimum and NO maximum limitation for coverage. This coverage may cover all MOC Pup Tents, MOC Grand Districts, MOC Grands, **Complete separate questionnaire for each position you wish to cover.**

PLEASE ANSWER ALL QUESTIONS ON THE QUESTIONNAIRE. INCOMPLETE QUESTIONNAIRES WILL NOT BE PROCESSED AND WILL BE RETURNED.

**Mail Questionnaire & Check Payable TO MOC SUPREME HEADQUARTERS
604 Braddock Avenue, Turtle Creek, PA 15145-2068**

I hereby apply for A.1 Volunteer Crime Policy in the amount of \$ _____
For the position of _____ for the term September 1, 2023 through
August 31, 2025.

Pup Tent Name: _____ PT No. _____

Grand of: _____

Name of Seam Squirrel or CCDB: _____

Address: _____

City/State: _____ Zip Code: _____

Contact Telephone Number: _____ Date _____

Number of Persons Covered: 1 # of Locations: 1 - Bank Balance _____

Has there been any crime coverage losses over the past three years? Yes No

If yes Please Explain: _____
