



## A Measure of Security (AMOS)

*A survey of embezzlement controls in your organization*

NAME & ADDRESS OF FIRM:

The following questions have been phrased for Yes or NO answers; however, feel free to add any comments or explanations at the end of this form. (A negative response does not automatically mean that the account is ineligible for crime coverage.) If the business has a branch office as well as a main office operation, the answer to the question should reflect the situation at *all* locations. Feel free to complete another AMOS if needed for the additional locations.

	YES	NO		YES	NO
<b>I. OUTSIDE AUDIT</b>			<b>III. INTERNAL CONTROLS</b>		
Is there an audit by a Public Accountant?	<input type="checkbox"/>	<input type="checkbox"/>	<b>BANK ACCOUNTS</b>		
If "Yes", please complete the following:			1. Are bank accounts reconciled at least monthly?	<input type="checkbox"/>	<input type="checkbox"/>
1. Is the Public Accountant's opinion unqualified?	<input type="checkbox"/>	<input type="checkbox"/>	2. Is the person who reconciles prohibited from maintaining bank account records?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the audit conducted at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	3. Are all persons having authority to make bank deposits or withdrawals prohibited from either maintaining records or reconciling the bank accounts?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is it unannounced and at irregular intervals?	<input type="checkbox"/>	<input type="checkbox"/>	<b>CHECKS</b>		
4. Does it include all interests and locations?	<input type="checkbox"/>	<input type="checkbox"/>	4. Is countersignature of all checks required?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all locations visited by the Public Accountant?	<input type="checkbox"/>	<input type="checkbox"/>	5. Do vouchers or other supporting records accompany all checks to be signed?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have all recommendations made by the Public Accountant been adopted?	<input type="checkbox"/>	<input type="checkbox"/>	6. Are vouchers or other supporting records stamped "Paid" when checks are signed?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are audit reports sent directly to the Owner, Partners or Directors?	<input type="checkbox"/>	<input type="checkbox"/>	<b>SECURITIES</b>		
<b>II. INTERNAL AUDIT</b>			7. Are securities kept in a safe deposit box?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a full time professional staff Auditor?	<input type="checkbox"/>	<input type="checkbox"/>	8. Are securities subject to the joint control of two or more responsible employees?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", please complete the following:			9. Are securities inventoried at least annually by persons who do not control them?	<input type="checkbox"/>	<input type="checkbox"/>
1. Does the staff Auditor conduct an audit at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	<b>ACCOUNTS RECEIVABLE</b>		
2. Is there a written audit program?	<input type="checkbox"/>	<input type="checkbox"/>	10. Are at least 1/3 of the accounts receivable periodically verified, by direct contact with customers, by persons not responsible for maintaining cash receipts or accounts receivable records?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the Auditor have authority to check anyone and any record at any time?	<input type="checkbox"/>	<input type="checkbox"/>	<b>PAYROLL</b>		
4. Are Auditor's reports made directly to the Owners, Partners or Directors?	<input type="checkbox"/>	<input type="checkbox"/>	11. Is the payroll made up by persons other than those who distribute it to employees?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is a strict policy followed that the Auditor never originates entries?	<input type="checkbox"/>	<input type="checkbox"/>	12. Are all persons who are authorized to hire or fire employees prohibited from distributing the Payroll?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are all income and expense accounts compared with previous periods and reported to the Owner, Partners or Directors, and are any wide variations shown by these comparative statements accounted for?	<input type="checkbox"/>	<input type="checkbox"/>	13. Is positive identification required of each person receiving pay?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are trial balances of all ledgers run regularly by someone other than person(s) responsible for the maintenance of the bookkeeping records and are these reported to the Auditor?	<input type="checkbox"/>	<input type="checkbox"/>			



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	YES	NO
<b>III. INTERNAL CONTROLS</b> continued		
<b>INVENTORY</b>		
14. Are inventory control records maintained?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is there a complete inventory by physical count at least annually of:		
Raw Material	<input type="checkbox"/>	<input type="checkbox"/>
Good in Process	<input type="checkbox"/>	<input type="checkbox"/>
Finished Products	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>
16. Are inventory physical counts made by persons who do not have custody or control of either the property or inventory control records?	<input type="checkbox"/>	<input type="checkbox"/>
17. If there are significant differences between the physical count and inventory records, will management conduct a complete investigation to determine the cause?	<input type="checkbox"/>	<input type="checkbox"/>
<b>SHIPPING &amp; RECEIVING</b>		
18. Are all persons engaged in purchase or sales activities prohibited from taking part in shipping or receiving activities?	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all shipping and receiving activities reconciled to applicable sale or purchase orders or other evidence of sale, purchase or transfer?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
<b>IV. SUPERVIION BY OWNER</b> continued		
Is there personal supervision of business activities on a daily basis by an Owner, Partner or Director?		
If "Yes", please complete the following:		
Does the Owner, Partner or Director:		
1. Deposit all cash receipts?	<input type="checkbox"/>	<input type="checkbox"/>
2. Require all payments (except petty cash) to be made by check?	<input type="checkbox"/>	<input type="checkbox"/>
3. Sign or countersign all checks?		
4. Check petty cash periodically?		
5. Verify periodically, at least on a test basis, accounts receivable?		
6. Reconcile bank accounts monthly?		
7. Receive and open all mail?		
8. Verify all shipping and receiving activities?		
9. Review journal entries periodically?		

PLEASE NOTE: Coverage will be VOID if you intentionally conceal or misrepresent any material Fact or make False statements.

SIGNED	TITLE	DATE
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COMMENTS: (Please identify your comments with the number of the question to which they apply.)