

APPLICATION FOR FIDELITY AND CRIME INSURANCE

1. DESCRIPTION OF APPLICANT'S BUSINESS

(a) Applicant's Name & Address: _____

(b) Description of Applicant's Business and the product or service thereof: _____

For the period _____, 20__ to _____, 20__ 12:01 a.m. Standard Time at the address of the Applicant.

The Insurance requested by this Application is only with respect to the following coverages that specifically indicated by the insertion of an amount of insurance:

(c) Amount of Insurance Requested:		Deductible	Comprehensive 3D Policy
Insuring Agreement I (Employee dishonesty)	Form A <input type="checkbox"/> Commercial Blanket	\$ _____	\$ _____
	Form B <input type="checkbox"/> Blanket Position	\$ _____	\$ _____
Insuring Agreement II (Loss inside the premises)		\$ _____	\$ _____
Insuring Agreement III (Loss outside the premises)		\$ _____	\$ _____
Insuring Agreement IV (Money Orders and counterfeit Paper Currency)		\$ _____	\$ _____
Insuring Agreement V (Depositors forgery coverage)	<input type="checkbox"/> Check if employee forgery is to be excluded	\$ _____	\$ _____

2. SECURITY – For insuring agreements II & III only

If coverage requested for Loss Inside & Outside the Premises:

(a) Safe: Number on the premises: _____ Type/Class of each: _____

Type of Locking Device: _____ Amount of money kept outside of safe: _____

(b) Interior Alarm Protection:
Alarm on premises? Yes No Installed by: _____ Monitored by: _____

(c) Bank Deposits: i) How often are bank deposits made? _____ ii) Who conveys the deposit to the bank? _____
iii) How is deposit conveyed (on foot, by auto)? _____ iv) What is the maximum amount conveyed? _____

3. AUDIT PROCEDURES

(a) Are the applicant's financial statements audited annually by an independent accountant qualified to do so, and in accordance with generally accepted accounting procedures? Yes No If No, please describe other audit procedures in place: _____

Date of last audit: _____ By whom: _____

(b) If audited, is the accountant's opinion unqualified? Yes No (c) Does the audit include all interests and locations? Yes No

(d) Have all the accountants recommendations been adopted? Yes No (e) Are all reports sent directly to the Owner, Partners or Directors? Yes No

4. INTERNAL CONTROLS

(a) i) Are bank accounts reconciled monthly? Yes No ii) Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No (if "No", please explain)

(b) i) Is countersignature of all cheques required? Yes No Above what amount? \$ _____

ii) Will endorsement of cheques on Employers behalf be limited to endorsement for deposit to the credit of the employer only? Yes No iii) Do invoices or other supporting records accompany all cheques to be signed? Yes No

iv) Are all invoices/supporting records stamped "PAID" when cheques are signed? Yes No v) Are your systems designed so that no one employee can control a transaction from beginning to end (e.g. approve an invoice, request and sign a cheque)? Yes No

- (c) i) Do you store negotiable securities on your premises? Yes No ii) Are securities subject to the joint control of two or more employees? Yes No
- (d) i) How frequently is an inventory of merchandise conducted? ii) By whom?
- (e) Is there personal supervision of the business activities on a daily basis by an Owner, Partner or Director? Yes No

5. PRIOR INSURANCE

(a) Has any similar insurance been declined or cancelled during the past three years? Yes No (If "Yes", please explain)

(b) Prior insurance to be superseded: _____ Check here if none: _____

Form of Insurance:	Effective Date:	Expiration Date:	Limit of Insurance:	Name of Insurance Company:

6. LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior 5 years _____ Check here if none: _____

Date of Occurrence:	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Claim Status (Open or Closed)

Comments/Corrective Action Taken: _____

7. CLASSIFICATION OF EMPLOYEES AND LOCATIONS (Coverage Forms 1a & 1b)

(a) Classification of Employees: (i) Number of Officers: _____ (ii) List the number of employees in the following classifications:

Accountants/Asst. Accountants	Custodians	Purchasing Agents/Asst. Agents
Adjusters	Delivery Persons	Receiving Clerks
Administrators/Asst. Administrators	Demonstrators	Refinery Gauges of Oil Companies
Appraisers/Asst. Appraisers	Detectives	Salespeople
Attorneys	Dieticians who order food	Security Personnel
Auditors/Asst. Auditors	Drivers and Drivers' Helpers	Service Station Attendants
Bookkeepers	Floor Walkers	Shipping Clerks
Bursars/Asst. Bursars	Food Inspectors	Storekeepers
Bus Drivers	Head Pharmacists	Storeroom Personnel
Buyers/Asst. Buyers	Instructors having custody of \$	Superintendents/Asst. Superintendents
Door to Door Salespeople	Janitors	Supervisors/Asst. Supervisors
Cashiers/Asst. Cashiers	Ledger Keepers	Taxi Drivers
Chairpersons	Locker Room Attendants	Teachers having custody of money
Chauffeurs	Maitre d's/Asst. Maitre d's	Timekeepers/Asst. Timekeepers
Checkers, food and beverage	Managers/Asst. Managers	Truck Drivers
Chefs who order food	Medical Directors	Warehouse Personnel
Collectors	Messengers, outside	Wine Cellar Personnel
Computer Programmers	Meter Readers who collect	Wine Stewards/esses
Comptrollers/Asst. Comptrollers	Payroll Distributors	All other employees who handle \$
Credit Clerks and Managers	Professors having custody of \$	

(iii) Number of all other employees: _____ (iv) Number of additional locations other than the head office: _____

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Applicant's Signature:	Date:	Producer's Signature:	Date: