

Comprehensive Dishonesty, Disappearance and Destruction Application

NOTE: All sections with an * must be completed

*** General Information**

Legal Name of Applicant _____

Key Contact _____ Position _____

Mailing Address _____ Postal Code _____

Phone _____ Fax _____

Email _____ Website _____

Key Broker Contact _____

Brokerage Name _____

Brokerage Address _____ Postal Code _____

Phone _____ Fax _____

Email _____ Website _____

Applicant's operations _____

*** Prior Insurance**

Type of Coverage _____ Coverage Period _____

Name of Insurer _____

Limit of Coverage _____ Discovery Period _____

Has an Employee Dishonesty, Disappearance, Destruction, Forgery, Burglary, Robbery, Theft, Computer Fraud or similar insurance been declined or cancelled within the last six (6) years by any insurer? YES _____ NO _____

If "YES" please explain _____

*** Coverages and Limits Requested**

		LIMIT	DEDUCTIBLE
Employee Dishonesty – Form A	\$	_____	_____
Broad Form Money and Securities	\$	_____	_____
Loss Inside	\$	_____	_____
Loss Outside	\$	_____	_____
Money Orders and Counterfeit Paper Currency	\$	_____	_____
Forgery or Alteration	\$	_____	_____
Credit Card Forgery	\$	_____	_____
Computer and Funds Transfer Fraud	\$	_____	_____
Extortion *captivity must take place in Canada	\$	_____	_____
Threats to Persons	\$	_____	_____
Threats to Property	\$	_____	_____
Pensions or Employee Benefit Plan Fiduciary Coverage	\$	_____	_____
Loss Sustained by Client Coverage (Third Party Bond)	\$	_____	_____
Audit Expense	\$	_____	_____
Residential Trust Fund Endorsement - Maximum \$5,000 per Resident	\$	_____	_____
Other (Please Specify) _____	\$	_____	_____
Identity Fraud – Only Available for Community Services - \$25,000 Limit		YES	NO _____

*** Audits and Internal Control Information**

Internal

Do you have an internal audit department or function? YES _____ NO _____
 If "YES", will the auditor's reports be given directly to
 Individual Owner _____ Board of Directors _____ Partners _____ Council (if Municipality) _____
 Other _____ (Please give specific details) _____

External

Are the financial statements audited/reviewed by a C.P.A.? YES _____ NO _____
 When was the last audit and inventory/review of branches/locations made? _____
 Do your public accountant audits/reviews include all locations? YES _____ NO _____
 If "NO", please provide an explanation _____
 To whom will the public accountant's reports be given directly?
 Individual Owner _____ Board of Directors _____ Partners _____ Council (if Municipality) _____
 Other _____ (Please give specific details) _____
 Were any discrepancies or recommendations made in the last audit? YES _____ NO _____
 If "YES", please provide the most recent copy, as well as a copy of the management's response thereto

*** Operations, Controls and Procedures**

Are all cheques pre-numbered? YES _____ NO _____
 Must all voided cheques be accounted for? YES _____ NO _____
 What percentage of receipts are by Cash _____ % Credit Cards _____ % Cheques _____ %
 Other _____ % Indicate what "Other" includes _____

Are bank accounts reconciled and cheques reviewed by someone not authorized to (Indicate which applies)
 Issue cheques _____ Sign and/or authorize cheques _____ Prepare and/or make bank deposits _____
 Access cheque signing machines, computerized signatures or signature plates _____
 If processes are not in place for one of the above, please explain

Are computer generated signatures or an automated cheque signing machine used? YES _____ NO _____
 If "Yes", does the person(s) controlling the automated signature machine or plates have access to
 the computer or control of the key to the cheque signing machine? YES _____ NO _____
 If "NO", please explain the controls implemented to minimize the risk of unauthorized use

Is there a strict compliance for counter-signature of all (Indicate which applies)
 Cheques _____ Letter of Credit _____ Other written instruments _____
 If processes are not in place for any one of the above, please explain

Are all processes designed so that no one employee can control a transaction from beginning to
 end? (e.g. approve an invoice and sign a cheque) YES _____ NO _____
 If "NO", please explain

*** Personnel Information**

Please advise as to the number of people (including volunteers) by **class** that handle money or have signing authority
Class A – Employees who, as a part of their regular duties, handle or have custody of money
Class B – All other employees

Location Number & Address	Occupancy	Number of Class A Employees	Number of Class B Employees
1.			
2.			
3.			

4.				
5.				
6.				
7.				
8.				
9.				
10.				

Do you verify the business history of prospective employees for the years preceding their employment with your firm? YES _____ NO _____
 If "NO", please explain _____

Are user identification/access codes automatically invalidated/terminated at the end of employment or contract? YES _____ NO _____
 If "NO", please explain _____

*** Money, Securities and Other Valuables**

Describe the provisions made for safekeeping of money, securities and valuables

By whom will deposits and cash withdrawals be made? Owner Only _____ Employees _____ Armoured Couriers _____
 Are securities subject to joint control by two or more employees, if not by owner? YES _____ NO _____
 If safety deposit boxes are used, has the bank been instructed to require that two (2) individuals be present before entry is permitted? YES _____ NO _____
 Do trips to the bank and brokers etc. vary in (Indicate which applies)
 Times _____ Modes of Transportation _____ Routes Taken _____
 Will money, securities and other valuables always be accompanied by more than one messenger? YES _____ NO _____
 If "NO", please explain _____

*** Broad Form Money and Securities Coverage – Must Be Completed for Each Location**

(If more space is needed, please attach extra sheets)

Inside Premises – Burglary and Theft

Location Address _____ Type of Operation _____
 Maximum Daily Exposure Money \$ _____ Cheques \$ _____ Securities \$ _____
 Maximum Overnight Exposure Money \$ _____ Cheques \$ _____ Securities \$ _____
 Is there a safe? YES _____ NO _____
 Is there an ATM/ABM? YES _____ NO _____
 Name of safe manufacturer _____
 Burglary Classification _____ Is it bolted to the floor or wall? YES _____ NO _____
 Is there a Burglar Alarm System? YES _____ NO _____
 Does it protect – safe, vault, ATM/ABMs, premises? YES _____ NO _____
 Is it connected to a local alarm, central alarm or police station? YES _____ NO _____
 Number of Watchmen _____ Frequency of Rounds _____
 Is there a Closed Circuit Video (CCV) Camera? YES _____ NO _____

Outside Premises - Robbery

Number of Messengers (including those who collect money off the Premises) _____
 Maximum Exposure Money \$ _____ Cheques \$ _____ Securities \$ _____
 Method of Transportation _____ Number of Guards _____

Inside Premises – Burglary and Theft

Location Address _____ Type of Operation _____

Maximum Daily Exposure Money \$ _____ Cheques \$ _____ Securities \$ _____

Maximum Overnight Exposure Money \$ _____ Cheques \$ _____ Securities \$ _____

Is there a safe? YES _____ NO _____

Is there an ATM/ABM? YES _____ NO _____

Name of safe manufacturer _____

Burglary Classification _____ Is it bolted to the floor or wall? YES _____ NO _____

Is there a Burglar Alarm System? YES _____ NO _____

Does it protect – safe, vault, ATM/ABMs, premises? YES _____ NO _____

Is it connected to a local alarm, central alarm or police station? YES _____ NO _____

Number of Watchmen _____ Frequency of Rounds _____

Is there a Closed Circuit Video (CCV) Camera? YES _____ NO _____

Outside Premises - Robbery

Number of Messengers (including those who collect money off the Premises) _____

Maximum Exposure Money \$ _____ Cheques \$ _____ Securities \$ _____

Method of Transportation _____ Number of Guards _____

Automated Cash (Atm/Abm/Vit) Machines Please check if the exposure is not applicable to any operations _____

Do you Own _____ Lease _____ or Manage _____ ATMs/ABMs at your Premises _____ Elsewhere _____

If "Elsewhere", please describe the premises and protection _____

Who loads the money into the machines? The owner _____ An employee _____ A contractor or third party _____

Describe in detail your money handling procedures and controls _____

What is the amount of cash in each ATM/ABM? Average \$ _____ Maximum \$ _____

Credit Card Forgery Please check if the exposure is not applicable to any operations _____

Indicate the title of persons with company credit cards and the authorized limit(s)

Title	Authorized Limit	Indicate total number of cards issued for each "Title"
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	

Do you have a written policy that clearly describes the terms for credit card use and are employees required to sign prior to receiving a credit card? YES _____ NO _____

If "NO", please explain _____

Do you have a procedure in place for reviewing charges on a monthly basis? YES _____ NO _____

If "NO", please explain _____

Do you require itemized receipts describing what was purchased? YES _____ NO _____

If "NO", please explain _____

Computer and Transfer Fraud Please check if the exposure is not applicable to any operations _____

Number of computers with internet or email access (desktops, laptops and hand-held) _____

Frequency of mandatory password or other identification method changes _____

Frequency of Anti-virus updates Daily _____ Weekly _____ Monthly _____ Other _____

Is the computer room access restricted? YES _____ NO _____

Are bi-directional firewalls in place? YES _____ NO _____

Is current intrusion detection system installed to lock-out users after three (3) or more unsuccessful log-in attempts? YES _____ NO _____

If you use "cloud" computing, which tangible property (money, securities or other) may be targeted? _____

If you use "cloud" computing, describe the additional security measures implemented against fraud after moving to "cloud" based model _____

Funds Transfer Fraud (Forms part of Computer and Transfer Fraud coverage)

Does your company transfer funds by Wire _____ Internet _____ Voice _____ Other _____

If "Other" please specify _____

If any of the methods above have been checked, for each item below please state the

Estimated frequency _____

Average dollar amount of each transfer \$ _____

Maximum dollar amount of any one transfer \$ _____

Are transfers encrypted? YES _____ NO _____

If "NO", please provide full details _____

Will there be strict compliance with dual authorization or countersignature of all transfers? YES _____ NO _____

If "NO", please provide full details _____

Are recorded call-back procedures in place for all transfers? YES _____ NO _____

If "NO", please provide full details _____

Is there a directive which stipulates the required procedures for handling transfers? YES _____ NO _____

If "NO", please explain _____

Do these procedures apply to all locations? YES _____ NO _____

If "NO", please explain _____

Telephone Fraud (Voice Computer Toll Fraud) Coverage - Forms part of Computer and Transfer Fraud Coverage

Are account codes/passwords used for staff to make _____ Long distance (toll) calls _____ Voice messaging _____
 _____ Other functional features _____ No account codes/passwords _____

Are there telephones with long distance dialing capabilities within public areas of your premises? YES _____ NO _____

Does someone regularly review your long distance bills to spot irregularities? YES _____ NO _____

Are there internal policies and procedures in place to report suspected telephone fraud (voice computer toll fraud)? YES _____ NO _____

If "NO", please provide a detailed description of the controls in effect to counter this deficiency _____

Are there external (to your security and systems provider) policies and procedures in place to report suspected telephone fraud (voice computer toll fraud)? YES _____ NO _____

If "NO", please provide a detailed description of the controls in effect to counter this deficiency _____

Extortion

Please check if the exposure is not applicable to any operations _____

Is there an identified individual who knows the established policies and procedures for dealing with threats or attempted extortion by Threats to Persons? YES _____ NO _____

Threats to Property? YES _____ NO _____
 For the upcoming year, is it anticipated any persons will travel out of the country? YES _____ NO _____
 If "YES", indicate title of persons and country travelling to

Title	Country Travelling to

***captivity must take place in Canada**

Employee Benefit or Pension Plan Coverage Please check if the exposure is not applicable to any operations _____

Total number of Trustees, Fiduciaries or Employees who have access to or control over the Plan(s) funds or other property _____
NOTE: Independent (Third Party) Administrators should NOT be included in this count

Current Value of Total Plan Assets (Canadian Currency) \$ _____

Is this an "Insured Plan" (benefits are paid from an insurance contract)? YES _____ NO _____

Is this a "Funded Plan" (assets are segregated from those of the Employer)? YES _____ NO _____

If "YES", is a Bank or other Institution acting as trustee? YES _____ NO _____

Indicate the name of the Bank or Institution _____

If the Bank or Institution does not act as trustee, explain who has custody and control of the Plan's assets

How frequently is the Plan membership roster(s) verified for entitlement? _____

Is each Plan audited by an independent C.P.A.? YES _____ NO _____

If "NO", please explain

When was the last audit made? _____

Did any prior audit identify any deficiencies or irregularities that remain unresolved or uncorrected? YES _____ NO _____

If "YES", please explain the nature of the deficiencies or irregularities and what corrective measures will be taken and when

Is countersignature required on all documentation authorizing withdrawal or movement of Assets from a Plan? YES _____ NO _____

If "NO", please provide a detailed description of the controls in effect to counter this deficiency

Is there a system in effect to prevent unauthorized issuance of cheques? YES _____ NO _____

If "NO", please provide a detailed description of the controls in effect to counter this deficiency

Client Coverage (Third Party Bond) Please check if the exposure is not applicable to any operations _____

What is the service being provided? _____

State the required limit of insurance \$ _____

The number of employees, if any, that will work on client's premises _____

Is this coverage required by a client under contract? YES _____ NO _____

If "YES", what is the expected length of the contract? (Attach a copy of the contract) _____

Residential Trust Fund Coverage Please check if the exposure is not applicable to any operations _____

Indicate the maximum capacity (number of beds) in all facilities owned by the Applicant/Insured _____

Indicate the greatest amount of monies held in trust for any one resident \$ _____

Are you in compliance with all policies and procedures with respect to Trust Accounts of any Long Term Care Home Act or similar statutory or regulatory provisions in the province or territories in which you operate? YES _____ NO _____

If "NO", please provide full details

*** Future Expectations**

Is there likely to be a significant change in the business/operations during the next 12 – 18 months that would affect the
 Number of employees? YES _____ NO _____
 Number of locations? YES _____ NO _____
 Manner in which you conduct your business? YES _____ NO _____
 If "YES", to any of the above, please give details _____

*** Losses**

Provide details of all losses (insured or uninsured) and actions commenced against the Applicant in the past six (6) years for any Employee Dishonesty, Disappearance, Destruction, Forgery, Burglary, Robbery, Theft, Computer Fraud or other insurance similar to the type(s) being applied for

Check if none _____

Date of Loss	Type of Loss	Amount of Loss	Description of Loss (add sheet if necessary)	Corrective Measure(s) Taken (add sheet if necessary)
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

Applicant Acknowledgement

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this application does not bind the Insurer to offer, nor the applicant to accept Insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Applicant Name _____ Title/Position _____
 Applicant Signature _____ Date _____
 Broker Name _____
 Broker Signature _____