

PART 1 DESCRIPTION OF APPLICANT'S BUSINESS

Applicant's Name & Address: _____

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

For the period of (date) _____ to: (date) _____

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	Limit of Insurance
Insuring Agreement I (Employee dishonesty) <input type="checkbox"/> Form A Commercial Blanket <input type="checkbox"/> Form B 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	\$	\$

PART 2 SECURITY – FOR INSURING AGREEMENTS II & III ONLY

If coverage requested for Loss Inside & Outside the Premises: _____

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

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

Interior Alarm Protection: _____

Alarm on premises? Yes No Installed by: _____ Monitored by: _____

Bank Deposits: _____

How often are bank deposits made? _____ How is deposit conveyed (on foot, by auto)? _____

Who Conveys the deposit to the bank? _____ What is the maximum amount conveyed? _____

PART 3 AUDIT PROCEDURES

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

Date of last audit: _____ By whom: _____

If audited, is the accountant's opinion unqualified? Yes No

Does the audit include all interests and locations? Yes No
 Have all the accountants recommendations been adopted? Yes No
 Are all reports sent directly to the Owner, Partners or Directors? Yes No

Yes No
 Yes No
 Yes No

SUBMIT

PART 4 INTERNAL CONTROLS

Are bank accounts reconciled monthly? Yes No
 Are bank accounts reconciled by someone not authorized to deposit or withdraw? If No, please explain Yes No

Is countersignature of all cheques required? Yes No Above what amount? \$ _____

Will endorsement of cheques on Employers behalf be limited to endorsement for deposit to the credit of the employer only? Yes No

Do invoices or other supporting records accompany all cheques to be signed? Yes No

Are all invoices/supporting records stamped "PAID" when cheques are signed? Yes No

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

Do you store negotiable securities on your premises? Yes No

Are securities subject to the joint control of two or more employees? Yes No

How frequently is an inventory of merchandise conducted? _____
 By whom? _____

Is there personal supervision of the business activities on a daily basis by an Owner, Partner or Director? Yes No

PART 5 PRIOR INSURANCE

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

Prior insurance to be superseded: Check here if none

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

PART 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: _____

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature: _____ Position: _____

Please Print Name: _____ Date: _____