agile Underwriting Solutions

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Crime Insurance Application

Applicant Information

1. Applicant's Name: _____
2. Principal Address: _____
3. Phone: _____ Email: _____
5. Policy Term (mm/dd/yyyy): _____ to _____

Limits

			Limit	Deductible
1.	Loss through dishonest acts of your employees	Insuring Agreement 1	$	$
2.	Loss of money and securities from inside your premises	Insuring Agreement 2	$	$
3.	Loss of money and securities outside of your premises	Insuring Agreement 2	$	$
4.	Loss through forgery of cheques drawn on your account	Insuring Agreement 3	$	$
5.	Loss through acceptance of counterfeit paper currency	Insuring Agreement 4	$	$
6.	Loss through credit card forgery	Insuring Agreement 5	$	$

7. Brief description of operations:

_____

8. List of all additional locations:

_____

_____

_____

_____

_____

Employee Bond Classification

1. **Class 1 Employees** **No. of Employees**

Those who, as part of their regular duties, handle or have custody of money, securities or merchandise, including in any event, all occupants of the following positions:

Chairman, president, vice president, treasurer, secretary, managers, attorneys, branch managers, department managers, assistants thereto, superintendents, factory superintendents, purchasing agents, buyers, assistant buyers, outside messengers. _____

Auditors, assistant auditors, cashiers, bookkeepers, adjusters, shipping or receiving clerks, store clerks, custodians, watchmen. _____

Salespeople (outside, who collect), canvassers, collectors, drivers, demonstrators. _____

2. **Class 2 Employees** **No. of Employees**

Those who do not, as part of their regular duties, handle or have custody of money, securities or merchandise, including in any event, all occupants of the following positions:

Sales people (outside, who do not collect), inside salespeople, office clerks, filing clerks, mail clerks, janitors. _____

All other employees. _____

Underwriting Application

1. **History**

Details of any previous losses caused by Employee dishonesty (fidelity), burglary, robbery, theft, disappearance, destruction, counterfeit currency or forgery.

a. Has any of the above crime insurance been declined or cancelled in the past 5 years? ○ Yes ○ No

If **yes**, please advise crime coverage and details:

_____

_____

_____

b. Prior fidelity coverage to be superseded:

Type _____

Effective Date _____

Amount _____

Insurer _____

c. Discovery Period under prior bond or policy: ☐ 60 days ☐ 120 days ☐ One year

☐ Other: _____

2. **Audit Information**

a. When was the last audit and inventory taken? _____

b. Does it include all interests and locations? ○ Yes ○ No

3. **Internal Audit**

a. Is there a full time professional staff auditor? ○ Yes ○ No

If **yes**, how often is the audit conducted? ☐ Quarterly ☐ Semi-annually ☐ Annually

b. Are random, unannounced audits made? ○ Yes ○ No

c. Are the auditors' reports made directly to the owner/partner/directors? ○ Yes ○ No

c. Are audits made at the branches? ○ Yes ○ No

4. **External Audit**

a. Is there an audit by a chartered accountant? ○ Yes ○ No

If **yes**, what type of audit? ☐ Audit ☐ Review Engagement ☐ Notice to Reader

Name of accounting firm: _____

Is accountant's opinion certified? ○ Yes ○ No

How often is the audit conducted: ☐ Quarterly ☐ Semi-annually ☐ Annually

b. Percentage of receipts: Cash _____ % Cheques _____ % Other _____ %

5. **Internal Controls**

a. Is the bank account reconciled at least monthly? ○ Yes ○ No

b. Are all incoming cheques endorsed for deposit to your bank account (the Applicant's) only? ○ Yes ○ No

c. Are all cheques (outgoing) prenumbered and all numbers accounted for, including voided cheques? ○ Yes ○ No

d. Are all cheques countersigned by another person? ○ Yes ○ No

If **no**, what method of checking is used? _____

e. Are securities kept in a safety deposit box? ○ Yes ○ No

f. Are securities subject to joint control of two or more employees? ○ Yes ○ No

g. Is an inventory of securities made at least annually by persons who do not have control over them? ○ Yes ○ No

6. **Inventory Situations**

a. Is a complete inventory made with a physical check of stock and equipment? ○ Yes ○ No

b. Are suppliers paid only after verifying that goods are physically received? ○ Yes ○ No

c. Are there any seasonal fluctuations? ○ Yes ○ No

If **yes**, please provide details:

_____

Inside the Premises Coverage

1. Maximum Daily Exposure: Cash $ _____ Cheques $ _____ Securities $ _____
2. Maximum Overnight Exposure: Cash $ _____ Cheques $ _____ Securities $ _____
3. Details of safe/vault: Class ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. Safe classification (i.e., TL-30, TRTL-60, etc.): _____
5. Burglar Alarm? ○ Yes ○ No ULC Approved? ○ Yes ○ No

Manufacturer: _____

Does it protect the: Safe? ○ Yes ○ No Premises? ○ Yes ○ No

Other: _____

Central station? ○ Yes ○ No

Local alarm? ○ Yes ○ No

Hold-up alarm? ○ Yes ○ No

Watchman? ○ Yes ○ No

Clock hourly? ○ Yes ○ No

Outside the Premises Coverage

1. Number of messengers: _____
2. Maximum of each messenger for: Cash $ _____ Cheques $ _____ Securities $ _____
3. Type of conveyance (if any):

_____

Forgery & Counterfeit Coverage

1. **Forgery or Alteration**

   Describe any handling or storage procedures of your cheque stock.

2. **Money Orders and Counterfeit Currency**

   Are money detector machines used to detect counterfeit money? ○ Yes ○ No

3. **Credit Card Forgery Coverage**

   Number of cardholders: _____

Declaration

Coverage cannot be bound unless this Application form has been fully completed and signed. The undersigned has the power to complete and execute this Application on behalf of all persons proposed for this insurance and declares that, after inquiry, the statements set forth herein, together with all materials and information submitted or requested by the Insurer, are true.

If there is any material change with respect to the information in this Application, and its attachments, prior to the policy inception date, the Applicant must immediately notify the Insurer in writing, and the Insurer may effect changes in, or withdraw, the quotation.

Privacy Disclosure and Consent: 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 Insurer 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's Signature	Date
Company Name (if applicable)	Title/Position (if applicable)

Broker Information

Company Name: _____ Website: _____

Address: _____

Phone Number: _____ Fax Number: _____

Broker's Name: _____ Email: _____

Policy Number – for renewal purposes only: _____

Broker's Signature	Date