



4. Prior Insurance

a) Present Insurer \_\_\_\_\_ Expiry Date \_\_\_\_\_ Limit \$ \_\_\_\_\_

b) Has any insurance been declined or cancelled during the past three years?  Yes  No

If yes, please explain \_\_\_\_\_

c) List all losses sustained during the past five (5) years, whether reimbursed or not, by Employee Dishonesty, Forgery, Burglary, Robbery, Theft, Disappearance or Destruction.  None

Loss date	Amount Paid	Description of Loss	Describe corrective measures taken (if Employee Dishonesty, state position)

5. Classification of Employees

	Number
<b>Class A</b> – Employees who handle, have custody of, are responsible for or have access to money, securities or merchandise of the applicant or of others, including clients	# _____
<b>Class B</b> – all other Employees	# _____
Total Employees	# _____

6. Loss Inside and Outside the Premises

Hours of operation per day \_\_\_\_\_

Maximum daily exposure - Cash \$ \_\_\_\_\_ Cheques \$ \_\_\_\_\_ Securities \$ \_\_\_\_\_

Maximum overnight exposure – Cash \$ \_\_\_\_\_ Cheques \$ \_\_\_\_\_ Securities \$ \_\_\_\_\_

What percentage of receipts are Cash \_\_\_\_\_% Cheques? \_\_\_\_\_% Other? \_\_\_\_\_%

If Other, describe \_\_\_\_\_

Are deposits made at irregular times?  Yes  No

Are deposits made for clients?  Yes  No

Class of safe or vault on premises \_\_\_\_\_ Protected by Alarm?  Yes  No

Burglar alarm system  Complete  Partial  None  Local  Central Station

7. Employment Practices

1. Are the employees required to complete an employment application?  Yes  No

2. Does your firm conduct a pre-employment check? If yes, does it include the following:  Yes  No
- a) Prior employment verification?  Yes  No
- b) Business references?  Yes  No
- c) Record of prior convictions? (Please provide details on next line)  Yes  No
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3. Does your firm forbid the hiring of relatives?  Yes  No
- If no, will the duties of any such person (responsible for the handling of monies, securities or merchandise) be subject to verification or approval by someone other than his or her relative? \_\_\_\_\_
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4. If any employee leaves your employ for any reason, is there a control to verify the removal of that employee from the payroll records of the Insured?  Yes  No

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

IMPORTANT MANDATORY INDICATOR – CHOOSE ONE      New Business Application       Renewal Application

SUBMITTED BY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

eDelivery:      Do you want all Policy Documentation Delivered by Email to this address?  Yes  No \_\_\_\_\_