

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

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