**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/Vlt) 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** |       |  |  |