

## Comprehensive Dishonesty, Disappearance and Destruction Application Municipal/Municipal Related

Insured/Applicant: \_\_\_\_\_  
 Broker \_\_\_\_\_

### Coverages and Limits Requested

Please indicate your preferred limit and deductible for each of the coverages listed below.

	\$	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	\$	_____		_____
Audit Expense	\$	_____		_____
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)	\$	_____		_____
Residential Trust Fund Endorsement - Maximum \$5,000 per Resident	\$	_____		_____
Fraudulently Induced Transfer*				
Other (Please Specify) _____	\$	_____		_____

\*Note – Fraudulently Induced Transfer Coverage requires a separately completed supplemental application

### Personnel Information

Please advise as to the **number of** people (including volunteers) by **class** that handle money or have signing authority

**Class A** – Officers and Employees who, as a part of their regular duties, handle, have custody or maintain records of money and or Securities \_\_\_\_\_

**Class B** – All other employees \_\_\_\_\_

### Money, Securities and Other Valuables

Describe the provisions made for safekeeping of money, securities and valuables (safes, alarms etc.)

By whom will deposits and cash withdrawals be made? Employees \_\_\_\_\_ Armoured Couriers \_\_\_\_\_  
 Are securities subject to joint control by two or more employees? YES \_\_\_\_\_ NO \_\_\_\_\_

### Broad Form Money and Securities Coverage Inside Premises – Burglary and Theft (cash exposure)

No. of Locations \_\_\_\_\_  
 Maximum Daily Exposure Money \$ \_\_\_\_\_  
 Maximum Overnight Exposure Money \$ \_\_\_\_\_

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 \_\_\_\_\_

Number of persons with corporate credit cards \_\_\_\_\_  
 Maximum Authorized Limit for corporate credit cards \_\_\_\_\_

Is a reconciliation performed to ensure proper use of the card? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If Yes, how often is a reconciliation made and by whom? \_\_\_\_\_

**Computer and Transfer Fraud**

Please check if the exposure is not applicable to any operations \_\_\_\_\_

Frequency of mandatory password or other identification method changes \_\_\_\_\_  
 Frequency of Anti-virus updates Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_  
 Is current intrusion detection system installed to lock-out users after three (3) or more unsuccessful log-in attempts? YES \_\_\_\_\_ NO \_\_\_\_\_

**Funds Transfer Fraud (Forms part of Computer and Transfer Fraud coverage)**

Does the Applicant transfer funds by wire, internet, voice or other? YES \_\_\_\_\_ NO \_\_\_\_\_

If any of the methods above are use, 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 \_\_\_\_\_

Will there be strict compliance with dual authorization or countersignature of all transfers? YES \_\_\_\_\_ NO \_\_\_\_\_

Are recorded call-back procedures in place for all transfers? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there a directive which stipulates the required procedures for handling transfers? YES \_\_\_\_\_ NO \_\_\_\_\_

Do these procedures apply to all locations? YES \_\_\_\_\_ NO \_\_\_\_\_

If "NO" to any of the above, please provide further detail \_\_\_\_\_

**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 calls, voice messaging or other functional features? YES \_\_\_\_\_ NO \_\_\_\_\_

Are there telephones with long distance dialing capabilities within public areas of your premises? YES \_\_\_\_\_ NO \_\_\_\_\_

Are there internal policies and procedures in place to report suspected telephone fraud (voice computer toll fraud), including review of long-distance bills? 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 \_\_\_\_\_

**\*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 \_\_\_\_\_

**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** \_\_\_\_\_