



QUICK-WRITE COMMERCIAL FIDELITY BOND APPLICATION

- 1. Name and Address of Applicant:
2. Nature of operations:
3. Limit of Insurance desired: Option 1.: \$ Option 2.: \$
4. Number of Employees: Canada: Other: (specify)
5. Number of Locations: Canada: Other: (specify)
6. (a) Is an Audit or Review conducted by an independent CA or equivalent? Yes No
(b) Did the auditor issue a letter to management regarding weaknesses in controls? N/A Yes No
(c) What percentage of receipts are: cash? % cheques? % other? %
7. (a) Are bank accounts reconciled at least monthly by someone not authorized to handle or record deposits or withdrawals, sign cheques or access mechanical signatures? Yes No
(b) Are securities subject to joint control of two or more responsible employees? N/A Yes No
(c) Is countersignature of cheques required at all locations? Yes No
(d) Are all outgoing cheques prenumbered and all numbers accounted for, including voided cheques? Yes No
(e) Are suppliers paid only after verifying that goods were physically received? Yes No
(f) Is payroll accuracy verified by someone not authorized to make changes thereto? Yes No
(g) Are two individuals required to order/initiate funds transfers? N/A Yes No
(h) Is either a cheque signing machine used or are facsimile signatures used? Yes No
(i) For any No answers in questions 7 (a) through (g) describe alternative controls that are in place.
8. (a) Is a resume or an application for employment completed by each prospective employee? Yes No
(b) What checks are performed on prospective employees? Reference Criminal Credit
9. Has any similar coverage carried by the Applicant been declined or cancelled within the last six years by any Insurer? Yes No
10. List all Losses in the past 5 years, whether reimbursed or not, by Employee Dishonesty, Forgery, Burglary, Robbery, Theft, Disappearance, Destruction. Also, advise the amount and date of Loss and all corrective measures that have since been implemented.
Period from to Check if None



SUPPLEMENTAL QUESTIONNAIRE – INSURING AGREEMENTS II & III
(Mandatory if Coverage for these Insuring Agreements is being requested)

Location: _____ Type of Operation: _____
(Attach a separate schedule for all additional locations) *(office, factory, store, etc.)*

Insuring Agreements II & III – Loss Inside and Outside the Premises

1. (a) Amount of insurance required: \$ _____

(b) Maximum exposures:

| | Money | Cheques | Securities |
|---------------------|-------|---------|------------|
| Daily (on premises) | \$ | \$ | \$ |
| Overnight | \$ | \$ | \$ |
| In Transit | \$ | \$ | \$ |

2. (a) Description of Safe on Premises:

Make and Class: _____

(b) Alarm System Description: _____

Is Alarm connected to: Local Alarm Central Station Police Station

(c) Number of Watchmen: _____

Frequency of rounds: _____

For Insuring Agreement III – Loss Outside the Premises

1. (a) Number of Messengers: _____

(including those who collect money off the premises)

(b) Method of transportation: _____

(if armoured motor vehicles are utilized, specify company)

PRIVACY DISCLOSURE AND CONSENT

The undersigned authorized representative acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

PLEASE NOTE:

All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present application for insurance. Completion of this application does not bind the Insurer to provide the insurance requested.

The Insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any bond issued in reliance upon such information.

| | |
|-----------|-------|
| Signature | Date |
| Name | Title |