



GENERAL INFORMATION

The term "Applicant" means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

Applicant Information:

Name of **Applicant**: _____

Address: _____

City, Prov., Postal Code: _____

Web Site Address: _____

Description of **Applicant's** Operations: _____

Year **Applicant's** Business was Established: _____

Is the **Applicant** a subsidiary of a foreign parent? Yes No

Is the **Applicant** controlled, or owned by, or associated with any other firm, organization or corporation? Yes No

Does the **Applicant** currently file, or do they anticipate in the next 6 months filing, any documents with any Securities Commission regarding any equity or debt securities? Yes No

If "Yes" to any of the above, please attach an explanation

1. Subsidiary Information and 50% or more owned joint ventures under management control:

Name	% Owned	Year Started	Description of Operations	Entity Type*

***Entity Types:**

FP = For-Profit (other than Partnership) NP = Non-Profit GP = General Partnership LP = Limited Partnership

To enter more information, please attach a separate page or an organization chart

2. Locations of **Applicants** and Number of Employees* for Each:

Country	# of Locations	Full Time Employees	Part-Time Employees	Independent Contractors

***Employees include Leased, Temporary, Seasonal and Volunteer Employees**

To enter more information, please attach a separate page to the application

3. In the next 12 months (or during the past 24 months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) the following:

a. Any actual or proposed merger, acquisition, or divestiture? Yes No

b. Any creation of a new business, subsidiary or division? Yes No

c. Any changes in nature of operations or sources of revenue? Yes No

d. Any registration for a public offering or a private placement of securities? Yes No

e. Any reorganization or arrangement with creditors under federal, provincial, territorial or state law? Yes No

f. Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs? Yes No

If any of the above questions were answered "Yes", please attach an explanation, including the timing, the essential terms of the event, arrangement, and the surrounding circumstances.

FINANCIAL INFORMATION

Note: This section can be omitted if the Applicant is submitting a separate financial statement as an attachment. Applicants meeting all of the following 3 criteria may complete this section in place of submitting financial statements:

- Assets under \$75 million Positive Net Income for last 2 fiscal years Limits of \$3 million or less.

Please indicate the following as it relates to the Applicant's fiscal year end (FYE): <i>(please indicate negative figures with "(" or "-", as appropriate)</i>	Most Recent FYE (Month/Year) /	Prior FYE (Month/Year) /
1. Current Assets		
2. Total Assets		
3. Current Liabilities		
4. Long Term Debt		
5. Retained Earnings/Fund Balance (Accumulated Deficit/Fund Deficit)		
6. Net Equity/Net Assets (Deficit Equity)		
7. Revenues		
8. Net Income (Net Loss)		
9. Is the Applicant currently, or has it been in the past 24 months, in violation or has it amended any debt covenant or loan agreement?		Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Is the Applicant or any Subsidiary currently in arrears in its payments to the Canada Revenue Agency or the provincial ministries of revenue (including source deductions, G.S.T. and P.S.T.)?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" to any of the above, please attach an explanation		

AUDITOR INFORMATION

- Scope of Financial Statement preparation: Internal Notice to Reader Review Engagement Audit
- Has the **Applicant** changed outside auditors in the last three (3) years? Yes No N/A
 - Have the outside auditors stated there are material weaknesses in the **Applicant's** systems of internal controls? Yes No N/A
 - Have any material recommendations of the auditor not been implemented? Yes No N/A
 - Has any auditor issued a "going concern" opinion for the **Applicant** or any of its subsidiaries financial statements during the past three (3) years? Yes No N/A

If "Yes" to any of the above, please attach an explanation

CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS

Desired Crime Coverage	Expiring Limit	Expiring Retention	Requested Limit	Requested Retention
Fidelity: Employee Theft				
Fidelity: Employee Benefit Plan Coverage				
Fidelity: Employee Theft of Client Property				
On Premises (Money, Securities and Other Property)				
In Transit (Money, Securities and Other Property)				
Money Orders and Counterfeit Money				
Forgery or Alteration				
Computer Crime				
Funds Transfer Fraud				
Claim Expense				

With respect to any Crime Coverages currently purchased as indicated in the tables above, and for which the Applicant is applying with this application, please answer the following questions:

1. Has there been any interruption in coverage since the date coverage was first purchased? Yes No
2. With respect to the higher limits requested, are there any facts, circumstances, or situations, which could give rise to a claim under the Crime Policy for which the **Applicant** is applying? Yes No
3. With respect to any Crime Coverages being applied for that are not currently purchased, are there any facts, circumstances or situations, which could give rise to a claim under the Crime Policy for which the Applicant is applying? Yes No
4. With respect to any Crime Coverages being applied for, if Requested Limit of Liability exceeds the Expiring Limit of Liability, are there any facts, circumstances, or situations, which could give rise to a claim under the Crime Policy for which the Applicant is applying? Yes No
5. Are there any facts, circumstances, or situations, which could give rise to a claim under the Crime Policy for which the **Applicant** is applying? Yes No

If "Yes" to any of the above, please attach an explanation

Without prejudice to any other rights and remedies of the Insurer, any loss or claim arising from any facts or circumstances required to be disclosed is excluded from the proposed insurance.

LOSS INFORMATION

Has the **Applicant** sustained Crime related losses during the past three years? **If "Yes", please complete the table below** Yes No

To the extent that any lawsuit or claim required to be disclosed in response to the questions above constitutes a "Claim" as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from coverage.

Details	Amount Paid for Defense	Amount Paid for Damages	Covered by Insurance?	Corrective Procedures Implemented
	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	

INTERNAL CONTROLS

1. Are owners active in the day-to-day oversight of business operations? Yes No
2. How long has the business been in operation? _____
3. Does someone other than the person responsible for reconciling bank accounts:

Make Deposits? Yes <input type="checkbox"/> No <input type="checkbox"/>	Make Withdrawals? Yes <input type="checkbox"/> No <input type="checkbox"/>	Sign Cheques? Yes <input type="checkbox"/> No <input type="checkbox"/>
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4. Does senior management also review and approve the bank reconciliation's on a monthly basis? Yes No
5. Is countersignature of all cheques required? Yes No
- If Yes, what is the dual signing limit? \$
6. Do you transfer funds electronically? Yes No
- If Yes, what is the annual amount? \$
7. Is dual authorization required for all wire transfers? N/A Yes No
8. Are transfer verifications sent back to employees other than who initiated the transfer? N/A Yes No
9. Are all incoming cheques stamped "for deposit only" immediately upon receipt? Yes No
10. Is a physical count of inventory conducted at least annually? Yes No
11. Are inventory records computerized? Yes No
12. Are the duties of computer programmers and operators separated? Yes No
13. Is segregation of duties practiced in the following areas: **If no, please give details**

Inventory management? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cash Receipts? Yes <input type="checkbox"/> No <input type="checkbox"/>
Vendor approval? Yes <input type="checkbox"/> No <input type="checkbox"/>	Oversight of blank cheque stock? Yes <input type="checkbox"/> No <input type="checkbox"/>
Purchase Order approval and payment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cheques and credit card receipts? Yes <input type="checkbox"/> No <input type="checkbox"/>
Wire transfer receipts and payments? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cheque signing machines and access? Yes <input type="checkbox"/> No <input type="checkbox"/>

14. Do you perform any of the following on candidates for new employment:

Verification of Prior Employment? Yes No Credit History? Yes No
 Education? Yes No Criminal History? Yes No

15. Please indicate the maximum exposure for each location:

Locations	Cash	Retail Cheques	Credit Card Receipts & Non-Retail Cheques

To enter more information, please attach a separate page to the application

UNIQUE/SIGNIFICANT EXPOSURES

Please indicate any of the following characteristics or exposures that apply to your business operations:

Precious Metals or Gemstones <input type="checkbox"/>	Proprietary credit cards <input type="checkbox"/>	Care, custody and control of clients' property <input type="checkbox"/>
Managed Assets of Others <input type="checkbox"/>	Computer chips <input type="checkbox"/>	Art collection or other valuable collectibles <input type="checkbox"/>
Proprietary Trading Activity <input type="checkbox"/>	Warehousing operations <input type="checkbox"/>	Narcotics <input type="checkbox"/>

If you checked any of the characteristics or exposures above, please provide details that quantify the exposure and briefly describe the controls in place to protect you from loss in a separate attachment

SIGNATURE PAGE

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE INSURER IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURER TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE INSURER WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Signature of **Applicant's** Authorized Representative (President or CEO) _____ Title: _____
 Name (Printed): _____ Date: _____

IMPORTANT - REQUIRED ATTACHMENTS

As part of this Application, submit the following documents with respect to the **Applicant**:

CRIME

- Auditors letter to management on internal controls and management's response