



RIBO FIDELITY BOND FORM

APPLICATION FOR REGISTERED INSURANCE BROKERS FOR NEW AND RENEWAL BUSINESS

ATTACH TO THIS APPLICATION.

(i) Most recent financial statements (Audited if available).

ALL QUESTIONS MUST BE ANSWERED.

Application is hereby made by:

1. (a) Brokerage Name: \_\_\_\_\_

(b) Address: \_\_\_\_\_

(c) RIBO NO: \_\_\_\_\_ or New

2. Effective date of bond: \_\_\_\_\_

3. Nature of Applicant's business: \_\_\_\_\_

4. Number of locations: \_\_\_\_\_

Internal Controls

5. (a) Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? Yes  No

If No, please explain: \_\_\_\_\_

(b) Will countersignature of cheques be required? Yes  No

If No, please confirm who has authority to sign cheques:

Sole Proprietor Only  Partners Only  Other

If Other, please explain: \_\_\_\_\_

(c) Will securities be subject to joint control by two or more responsible employees? Yes  No  None Held

If No, please explain: \_\_\_\_\_

Loss History

6. Have there been any dishonesty losses in the past five years? Yes  No

If Yes, state details below:

Table with 4 columns: Date, Amount, Employee Position, Corrective Measures Taken to Prevent Similar Losses

7. Has any Employee Dishonesty Insurance been declined or cancelled by an Insurer in the last six years? Yes  No
8. Within the past three years has your firm's trust account been in a deficit position? Yes  No   
 If Yes, please forward a copy of the latest RIBO position report.  
 (Please Note: We reserve the right to rescind coverage based on the details of the RIBO position report)
9. Total number of: (a) Insurance Brokers (non-life): \_\_\_\_\_  
 (b) All other staff: \_\_\_\_\_
10. Gross **non-Life** premiums produced (last 12 months): \_\_\_\_\_
11. Gross **Life** premiums produced (last 12 months): \_\_\_\_\_
12. Minimum Limit of coverage: \$100,000. Alternative Limit option: \$ \_\_\_\_\_
13. Minimum Deductible: \$250. Deductible options:  \$1,000.  \$2,500.

**FOR ANY OTHER INTERESTS SUCH AS TRAVEL OR REAL ESTATE AGENCY OPERATIONS  
 TO BE INCLUDED UNDER THE BOND, PLEASE REPEAT ABOVE INFORMATION.**

**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