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COMPREHENSIVE DISHONESTY, DISAPPEARANCE AND DESTRUCTION SECURITY & PROTECTION INDUSTRY PROGRAMME APPLICATION

REQUIRED FOR LIMIT IN EXCESS OF \$25,000

Name of Applicant: _____

Business Address: _____

TYPE AND AMOUNT OF COVERAGE REQUIRED

Insuring Agreement I	Employee Dishonesty	Form A	\$
Insuring Agreement II	Loss Inside the Premises	Money & Securities	\$
		Securities Only	\$
Insuring Agreement III	Loss Outside the Premises	Money & Securities	\$
		Securities Only	\$
Insuring Agreement IV	Money Orders/Counterfeit Currency Coverage		\$
Insuring Agreement V	Depositors Forgery Coverage		\$
Additional Insuring Agreements	(Specify) _____		\$

The applicant is: Corporation Partnership Other (Describe)

Nature of Business: Manufacturer Wholesaler Retailer Other (Describe)

Nature of products/service: _____

No. of additional premises operated: _____ Date business established: Month: _____ Day: _____ Year: _____

What type of audits are performed: Financial Inventory Operational Procedural

How frequently? Semi annual Annually Other _____

By Whom? Name of Firm: _____ CA CPA Other

Date of Last Audit Performed: Month: _____ Day: _____ Year: _____

Were Concerns Raised to the Results of the Last Audit? Yes No If Yes, Specify:

When is the next audit scheduled? Month: _____ Day: _____ Year: _____

INTERNAL CONTROLS

- a) Are cash payments taken by customers? Yes No
If Yes, who receives the customer's payment? Position: _____
Are receipts provided to confirm cash transactions? Yes No
Are receipt forms sequentially numbered? Yes No
How often are cash reconciliations performed Daily Weekly Other _____
- b) Are bank accounts reconciled daily? Yes No
If No, what is the frequency? Weekly Monthly Other _____
Are bank accounts reconciled by someone NOT authorized to deposit or withdraw funds? Yes No
- c) Must all cheque requisitions and issued cheques be countersigned? Yes No
If Yes, by whom? Position: _____
Are cheque forms sequentially numbered? Yes No
Are blank cheque forms protected from unauthorized access? Yes No
How often is a reconciliation made to cheques issued? Daily Weekly Other _____
- d) Does the applicant use a cheque writing machine? Yes No
Is the machine protected from unauthorized access? Yes No
- e) Who performs Accounts Receivable functions? Position: _____
Who performs Accounts Payable functions? Position: _____
Is the same individual performing both functions? Yes No
Are bank deposits/withdrawals reconciled by the same individuals holding one or both of the above positions? Yes No
- f) Do any employees have access to/use of a corporate credit card? Yes No
If Yes, who? Position: _____
Is a reconciliation performed to ensure proper use of the card? Yes No
If Yes, how often is the reconciliation made? Monthly Other _____
By whom: _____ Position: _____
- g) Who purchases inventory? Position: _____
Who controls/monitors inventory? Position: _____
How often is reconciliation made? Monthly Annually Other _____
By whom? Position: _____

h) Who is responsible for opening/closing the premises? Position: _____

What controls are in place to ensure:

Keys cannot be duplicated: _____

Keys are controlled and accounted for: _____

Entry into premises after hours is controlled: _____

i) What controls are in place to prevent: (If more space is needed, please provide details on separate paper/file)

Telephone Fraud: _____

Computer Fraud: _____

Cyberspace Exposure: _____

EXTERNAL CONTROLS

a) Do outside personnel collect money? Yes No

If Yes, who? Position: _____

If Yes, is a reconciliation made of money collected? Yes No

Frequency of reconciliation? Same day Next day Other _____

Reconciliation performed by? Position: _____

b) Does the company deliver merchandise/inventory to customers? Yes No

If Yes, is a reconciliation made of all goods delivered? Yes No

Frequency of reconciliation? Same day Next day Other _____

Reconciliation performed by? Position: _____

c) Does the company have loading areas/bays? Yes No

If Yes, are loading areas/bays monitored by: Alarms: Yes No Cameras: Yes No

Are loading areas/bays close to employee/public parking areas? Yes No

DETAILS ON LOSSES INCURRED PAST 6 YEARS (Use separate paper/file if necessary)

DESCRIPTION OF LOSS	DATE OF LOSS	AMOUNT OF LOSS	CORRECTIVE STEPS TAKEN
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

PRIOR COVERAGE TO BE SUPERSEDED

None

FORM OF BOND/POLICY	EFFECTIVE DATE	AMOUNT	NAME OF INSURER
		\$	

a) Has any Employee Dishonesty, Forgery, Burglary, Robbery, Theft, Disappearance or Destruction Insurance carried by the applicant been declined or cancelled within the past 6 years by any insurer? Yes No

If Yes, please provide details on separate paper/file.

b) Is there likely to be an increase in the number of employees or of premises during the premium period by reason of :

1. Seasonal activity or other circumstances peculiar to the company's business Yes No

2. Expansion of the company's business Yes No

c) Does the company conduct a prior employment/personal reference check on all individuals applying for employment with the company? Yes No

d) Give total number of locations (other than the Head Office) if Company is engaged in the following:

Retail trade, personal services, collection agency, motion picture or drive-in theatre or amusement enterprise, pawn broker, currency exchange, cheque casher or personal finance/other loan company including Credit Union, Caisse Populaires or other financial institutions except those eligible for the Financial Institution Bond Form. Number of Locations: _____

Give retail locations only if company is a manufacturer, processor, wholesaler or distributor.

Number of Locations: _____

CLASSIFICATION OF EMPLOYEES (Refer to the Fidelity Policy wording for the definition of employee.)

THIS CONSTITUTES THE APPLICANT'S ENTIRE PERSONNEL AS OF THE DATE OF THIS APPLICATION

Class A Employees

Executives, officials and all other employees, except Class B employees, who, as a part of their regular duties, handle or have custody of money, securities or merchandise including in any event, all occupants of positions listed below.

Note: Even though they may, on occasion, handle money, securities or merchandise, the following positions should not, for that reason, be classified as Class A Employees: inside salespersons (except those of automobile dealers), inside messengers, clerks, typists, stenographers and computer operators, receptionists, foremen, factory workers, janitors, porters, labourers, mechanics and other similar positions.

POSITION	NUMBER OF EMPLOYEES
A. OFFICIALS (includes president, vice-president, treasurer, secretary, controller, comptroller, attorney, and other similar positions)	
B. ACCOUNTING PERSONNEL (includes accountants, auditors, cashiers, bookkeepers, paymasters, and other similar positions)	
C. MANAGEMENT (including supervisors, superintendents and similar positions)	
D. STOCK/INVENTORY PERSONNEL (including appraisers, custodians warehouse personnel, dieticians who order food, and similar positions)	

POSITION	NUMBER OF EMPLOYEES
E. SALES AND SALES MANAGEMENT PERSONNEL	
F. INSIDE/OUTSIDE PERSONNEL WHO COLLECT MONEY AS A REGULAR FUNCTION OF THEIR JOB DESCRIPTION	
TOTAL CLASS A	
TOTAL NUMBER OF ALL OTHER EMPLOYEES OF THE COMPANY	
TOTAL NUMBER OF EMPLOYEES OF THE COMPANY (A + OTHERS)	

UNDERWRITING DETAILS FOR LOSS INSIDE AND OUTSIDE THE PREMISES COVERAGE

a) How many security personnel are on duty while the premises are open? _____

Number of security personnel on duty when the premises are closed? _____

If on duty when premises are closed, does security:

1. Signal at least hourly to Central Station System? Yes No

2. Register hourly on a portable time recorder? Yes No

3. Neither of the above, but remains on duty at all times when the premises are not open for business. Yes No

b) Does the company have an alarm system protecting the premises? Yes No

If Yes, does the system provide complete protection to:

Safe: Yes No Vault: Yes No Premises: Yes No

Please provide description of the line security employed

Name of the manufacturer of the alarm system _____

c) Is the alarm system connected to:

Outside gong only Yes No Central station Yes No Police Station Yes No

d) Is the alarm system maintained in proper working order? Yes No

What was the date on which the alarm system was last tested? Month: _____ Day: _____ Year: _____

Who conducted the test, and what were the test results? Tested by: _____

Test results: _____

e) Does the company have a vault/safe on the premises? Yes No

If Yes, what is the Insurance Class: _____

Type of safe/vault: _____

Specification or Label: _____

Type of body: _____

Body thickness: _____ Door type/thickness: _____ Age: _____

Manufacturer: _____

f) What is the maximum value of money/securities kept on the premises when the company is open for business? \$ _____

How is the money/security protected?

Safe/vault Yes No

Other (explain): _____

Cash drawer Yes No

What is the maximum value of money/securities kept on the premises when the company is closed for business? \$ _____

How is the money/security protected?

Bank deposit Yes No

Safe/vault Yes No

Cash drawer Yes No

Other (explain) _____

g) Is there likely to be an increased amount of money/securities received and retained by the applicant by reason of seasonal activity or other circumstances peculiar to the company's business, or expansion of the business?

Yes No If Yes, please explain the circumstances on separate paper/file.

Will the company make additional daily bank deposits to remove the additional money/securities exposure from the premises?

Yes No

If Yes, how is the money/securities transported to the bank?

Employee Armored car

h) Are money orders, travellers cheques, stamps held for sale to the public? Yes No

If Yes, what is held, how is it protected, how often is the inventory subject to reconciliation, and who performs the reconciliation process? Please answer on separate paper/file.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signature of Applicant: _____

Dated: _____

Title of Signing Officer: _____



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