

TOTTEN GROUP

I N S U R A N C E

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New Submissions: casualty@tottengroup.com Website: www.tottengroup.com

COMPREHENSIVE DISHONESTY, DISAPPEARANCE AND DESTRUCTION POLICY APPLICATION

Name of Insured: _____
 Business Address: _____
 Policy Number: _____ Name of Agent/Broker: _____
 Effective: _____ To: _____

TYPE AND AMOUNT OF COVERAGE REQUIRED

Employee Dishonesty Form A	Commercial Blanket Bond	\$	
Form B	Blanket Position Bond	\$	
Loss Inside the Premises		\$	
Loss Outside the Premises		\$	
Money Orders/Counterfeit Currency		\$	
Depositors Forgery		\$	
Additional Insuring Agreements (specify)		\$	

Nature of Business	Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Other <input type="checkbox"/> Specify separately
Nature of Products/Service	
No. of Additional Premises	
Ownership Change last 3 yrs	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify separately
Type of Audit Performed	Financial <input type="checkbox"/> Inventory <input type="checkbox"/> Operational <input type="checkbox"/> Procedural <input type="checkbox"/>
Performed by Whom	Name of Firm: _____ Individual: _____
Date of Last Audit Performed	Month _____ Day _____ Year _____
Were Concerns Raised to the Results of the Last Audit?	No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Specify _____

CONTROLS

Who is responsible for banking deposits?	Name: _____	Position: _____
Who is responsible for banking withdrawals?	Name: _____	Position: _____
Who is responsible for reconciling the bank account(s)?	Name: _____	Position: _____
Are cheques/cheque requisitions always countersigned?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Name: _____ Position: _____
Who performs accounts receivable/payable functions?	Name(s) _____	Position(s): _____
Are blank cheques/cheque requisitions/invoices/receipts protected against unauthorized or improper use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are all job functions segregated so that no employee performs all phases of any assigned responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are all employees accountable to someone in higher authority at all times?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is stock/merchandise subject to inventory reconciliation?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
What is the frequency of inventory reconciliation?	Monthly <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____	

Does the Insured have an alarm system protecting the premises?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes, is the alarm system connected to: Outside Gong Only	If Yes, Describe Separately
Central Station	No <input type="checkbox"/> Yes <input type="checkbox"/>
Police Station	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the Insured employ security personnel while premises open?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the Insured employ security personnel while premises closed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the Insured have a vault/safe on the premises?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes, please provide the following information:	
Insurance Class	_____
Type of Safe/Vault	_____
Specification/Label	_____
Type of Body	_____
Body Thickness	_____
Door Type/Thickness/Locking Mechanism	_____
Age of Safe/Vault	_____
Manufacturer	_____
What is the maximum amount of money/securities kept on the premises when the business is:	
Open?	\$ _____
Closed?	\$ _____
Is money/security transported to the bank for deposit by:Employee?	No <input type="checkbox"/> Yes <input type="checkbox"/> Name: _____
Armoured Carrier?	No <input type="checkbox"/> Yes <input type="checkbox"/> Name: _____
What is the frequency of transporting money/securities to the bank?	1/day <input type="checkbox"/> 2/day <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____

CLASSIFICATION OF EMPLOYEES

CLASS	NUMBER
Class A (Employees who handle, have custody/access to money, securities, property of the Insured including stock and merchandise and which Class includes all positions of Management, Supervisors, Superintendents (and similar positions), Accounting, Stock/Inventory Personnel, Sales (inside/outside)	
All other employees not otherwise classified	

Does the Insured conduct and review the results of a prior employment reference check on all individuals prior to confirming employment to them?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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LIST ALL LOSSES/CLAIMS SUSTAINED/INCURRED DURING THE PAST THREE YEARS

Date of Loss/Claim	Amount of Loss/Claim	Details

Dated at _____ this _____ day of _____ 20_____

_____ (Name of Insured)
by _____ (Title)