



[Casualty Application]

CRIME APPLICATION



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CRIME APPLICATION

PART 1 DESCRIPTION OF APPLICANT'S BUSINESS

(a) Applicant's Name & Address:

(b) Description of Applicant's Business and the product or service thereof:

For the period _____, 20____ to _____, 20____ 12:01 a.m. Standard Time at the address of the Applicant.

The Insurance requested by this Application is only with respect to the following coverages that specifically indicated by the insertion of an amount of insurance.

(c) Amount of Insurance Requested:	Deductible	Comprehensive 3D Policy
Insuring Agreement I (Employee dishonesty) <input type="checkbox"/> Form A Commercial Blanket	\$	\$
<input type="checkbox"/> Form B Blanket Position	\$	\$
Insuring Agreement II (Loss inside the premises)	\$	\$
Insuring Agreement III (Loss outside the premises)	\$	\$
Insuring Agreement IV (Money Orders and counterfeit Paper Currency)	\$	\$
Insuring Agreement V (Depositors forgery coverage)		
<input type="checkbox"/> Check if employee forgery is to be excluded	\$	\$

PART 2 SECURITY - FOR INSURING AGREEMENTS II & III ONLY

If coverage requested for Loss Inside & Outside the Premises:

Safe: Number on the premises:

Type/Class of each:

Type of Locking Device:

Amount of money kept outside of safe:

Interior Alarm Protection:

Alarm on premises? Yes No

Installed by:

Monitored by:

Bank Deposits:

i) How often are bank deposits made? _____

iii) How is deposit conveyed (on foot, by auto)? _____

ii) Who Conveys the deposit to the bank? _____

iv) What is the maximum amount conveyed? _____

PART 3 AUDIT PROCEDURES

Are the applicant's financial statements audited annually by an independant accountant qualified to do so, and in accordance with generally accepted accounting procedures?

Yes No

If No, please describe other audit procedure in place:

Date of last audit:

By whom:

If audited, is the accountant's opinion unqualified?

Yes No

- Does the audit include all interests and locations? Yes No
- Have all the accountants recommendations been adopted? Yes No
- Are all reports sent directly to the Owner, Partners or Directors? Yes No

PART 4 INTERNAL CONTROLS

- (a) Are bank accounts reconciled monthly? Yes No
- Are bank accounts reconciled by someone not authorized to deposit or withdraw?
If No, please explain Yes

(b) Is countersignature of all cheques required? Yes No Above what amount? \$ _____

Will endorsement of cheques on Employers behalf be limited to endorsement for deposit to the credit of the employer only? Yes No

Do invoices or other supportig records accompany all cheques to be signed? Yes No

Are all invoices/supporting records stamped "PAID" when cheques are signed? Yes No

Are your systems designed so that no one employee can control a transaction from beginning to end (e.g. approve an invoice, request and sign a cheque)? Yes No

(c) Do you store negotiable securities on your premises? Yes No

Are securities subject to the joint control of two or more employees? Yes No

(d) How frequently is an inventory of merchandise conducted? _____

By whom? _____

(e) Is there personal supervision of the business activities on a daily basis by an Owner, Partner or Director? Yes No

PART 5 PRIOR INSURANCE

Has any similar insurance been declined or cancelled during the past three years?
If Yes, please explain Yes No

Prior insurance to be superseded: Check here if none

Form of Insurance	Effective Date	Expiration Date	Limit of Insurance	Name of Insurance Company

PART 6 LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior 5 years Check here if none

Date of Occurrence	Type /Description of Occurrence or Claim	Date of Claim	Amount Paid	Claim Status (Open or Closed)

Comments/Corrective Action Taken: _____

PART 7

CLASSIFICATION OF EMPLOYEES AND LOCATIONS (COVERAGE FORMS 1a & 1b)

Classification of Employees: (i) Number of officers: _____ (ii) List the number of employees in the following classifications:

Accountants/Asst. Accountants	_____	Custodians	_____	Purchasing Agent/Asst. Agent	_____
Adjusters	_____	Delivery Person	_____	Receiving Clerks	_____
Administrator/Asst. Administrators	_____	Demonstrators	_____	Refinery Gauges of Oil Companies	_____
Appraiser/Asst. Appraisers	_____	Detectives	_____	Salespeople	_____
Attorneys	_____	Dieticians who order food	_____	Security Personnel	_____
Auditors/Asst. Auditors	_____	Drivers and Drivers' Helpers	_____	Service Station Attendants	_____
Bookkeepers	_____	Floor Walkers	_____	Shipping Clerks	_____
Bursars/Asst. Bursars	_____	Food Inspectors	_____	Storekeepers	_____
Bus Drivers	_____	Head Pharmacists	_____	Storeroom Personnel	_____
Buyers/Asst. Buyers	_____	Instructors having custody of \$	_____	Superintendents/Asst. Superintendents	_____
Door to Door Salespeople	_____	Janitors	_____	Supervisors/Asst. Supervisors	_____
Cashiers/Asst. Cashiers	_____	Ledger Keepers	_____	Taxi Drivers	_____
Chairpersons	_____	Locker Room Attendants	_____	Teachers having custody of \$	_____
Chauffeurs	_____	Maitre d's/Asst. Maitre d's	_____	Timekeepers/Asst. Timekeepers	_____
Checkers, food and beverage	_____	Managers/Asst. Mangers	_____	Truck Drivers	_____
Chefs who order food	_____	Medical Directors	_____	Warehouse Personnel	_____
Collectors	_____	Messengers, outside	_____	Wine Cellar Personnel	_____
Computer Programmers	_____	Meter Readers who collect	_____	Wine Stewards/esses	_____
Comptrollers/Asst. Comptrollers	_____	Payroll Distributors	_____	All other employee who handle \$	_____
Credit Clerks and Managers	_____	Professors having custody of \$	_____		

(iii) Number of all other employees: _____

(iv) Number of additional locations other than the head office: _____

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature:

Position:

Please Print Name:

Date: