

Short-Form Application | Crime Coverage

BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH CHUBB INSURANCE COMPANY OF CANADA (THE "COMPANY")

Application Instructions:

Whenever used in this Application, the term "**Applicant**" shall mean the Parent Organisation and all organisations applying for coverage.

1. General Information

1. Name of **Main Member** :
2. **Name of Additional Named Insured:** _____
3. Address of **ANI:** _____
4. Describe or attach a description of the **ANI's** operations: _____
5. Limit Requested:
6. Please complete the following:

List the Countries in which you have operations	Type of Operation	Number of Locations	Number of Employees	Revenues
				\$
				\$
				\$
				\$
				\$
Total:				\$

2. Internal Controls

Explain any "NO" answers at the END of this application.

1. What pre-employment checks are performed on employees:
 - a) Credit checks? Yes No
 - b) Reference checks? Yes No
 - c) Education/training verification? Yes No
 - d) Criminal history where permissible under applicable human right legislation? Yes No
2. Do the employees who reconcile the monthly bank statements also either,
 - a) Sign cheques Yes No
 - b) Handle deposits Yes No
 - c) Have access to cheque signing machines or signature plates? Yes No

3. Do you strictly comply with dual recorded authorization for:
 - a) All outgoing wire transfers? Yes No
 - b) Letter of Credit? Yes No
 - c) Cheques? Yes No

4. Is a perpetual inventory of stock, including raw materials/manufactured or purchased finished goods/scrap, maintained? Yes No

5. How often are physical counts taken and reconciled to a perpetual record?

6. What is the maximum amount held at or transported from (by a method other than an armoured motored vehicle) any one location?
 - a) Money \$
 - b) Cheques \$
 - c) Negotiable Securities \$

7. Do you perform due diligence searches on invoices to verify the existence of:
 - a) Customers Yes No
 - b) Vendors Yes No

8. Has an approved master vendor list been established? Yes No

9. a) How many professionals are in your internal audit department?

Currently: _____ Three years ago: _____

- b) Is each corporate location subjected to external audits? Yes No

10. Are pre-authorization controls maintained for all programmers and operators? Yes No

11. Are the duties of programmers and operators separated? Yes No

12. Does the **Applicant** provide any lease financing in the course of its business? Yes No

CLIENT SERVICES

The provision of this information is not an application or proposal by the Applicant for coverage in the amount specified nor does receipt of this information by the Company constitute an agreement that coverage in the amount specified, or in any amount whatsoever, will be afforded.

1. Does the **Applicant's** employee have custody or control over any funds, accounts, or materials of any of its clients? Yes No

If "Yes", please describe:

2. Do the **Applicant's** employee have access to any clients accounting, payroll or purchasing systems?

Yes No

If "Yes", please describe:

LOSS EXPERIENCE

List all employee theft, burglary, robbery, forgery, computer fraud or other crime losses discovered by the **Applicant** in the last five years, itemising each loss separately (attach additional pages if necessary):

Check if none

Date Of Loss	(Include controls that were circumvented, controls that were missing, and steps taken to remedy the causes of the loss) Description Of Loss	Total Amount of Loss	Covered : Yes or No?	Carriers' Name
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Notice

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorises the Company to make any inquiry in connection with this Application.

4. Material Change

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

5. False Information

Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

6. Declaration and Signature

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

This Application must be signed by the Risk Manager or other person responsible for purchasing this insurance.

Date

Signature

Title