

Application for Employee Dishonesty Coverage



Intact Insurance Company

1200, 6th Avenue S.W., Calgary, Alberta T2P 4W7

1. General Information:

Name of Applicant:

Principal Address:

(Number)

(Street)

(City)

(Prov.)

(Postal Code)

Coverage Requested:

Coverage Form A – Employee Dishonesty Limit of Insurance \$

Coverage Form B – Employee Dishonesty Limit of Insurance \$

Proposed Effective Date:

2. Description of Your Organization:

a) Classify your predominant activity: Manufacturer Processor Wholesaler Distributor Retailer
 Servicer Other Explain

b) Describe the products or services of your predominant business or activity:

c) Are you an: Individual Partnership Corporation Date you were established:

d) Do you want to include all subsidiaries? Yes No

| Name | Business | % Owned | Date Acquired/Created |
|------|----------|---------|-----------------------|
| | | | |
| | | | |
| | | | |

e) Locations:

| Canada | U.S. | Other Foreign | Total |
|--------|------|---------------|-------|
| | | | |
| | | | |
| | | | |

f) Has there been any change in ownership or management within the past three years? Yes No

If yes, explain:

3. Audit Procedures:

a) Is there an audit by an independent C.A. or equivalent authorized professional accountant? Yes No

If yes, how often?

b) Are all locations audited? Yes No

If yes, how often?

c) Is the audit made in accordance with generally accepted auditing standards and so reported? Yes No

If no, explain the scope of the audit:

d) Name and address of person or firm performing audit:

e) Date of completion of last audit of:

Cash, Securities and Accounts:

Inventory:

f) Were all accounts found correct and all cash, securities and merchandise found on hand or properly accounted for? Yes No

g) If an independent C.A. is not retained, who is responsible for auditing the books?

Briefly explain the scope and limitations of such audit:

h) Is there an internal audit by an Internal Audit Department under the control of an employee who is a C.A. or equivalent? Yes No

If yes, are the reports rendered directly to the proprietor, partners if a partnership, or Board of Directors if a Corporation? Yes No

i) Do audit practices include examination of the computer system to ensure adequate controls? Yes No

4. Internal Controls (other than audit procedures):

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

b) Is countersignature of cheques required? Yes No

If no, what is the standard practice?

c) Are securities subject to joint control of two or more responsible employees? Yes No

If no, what are the procedures?

If no, would it be possible to make arrangements for joint control? Yes No

5. Has any insurance been declined or cancelled during the past three years? Yes No

If yes, explain:

6. List all losses sustained during the past five years, whether reimbursed or not. Check if none

| Date of Loss | Total Amount* | Description | Precautions Taken to Prevent Repetition |
|--------------|---------------|-------------|---|
| | | | |
| | | | |
| | | | |
| | | | |

*Please indicate that part of any loss covered by insurance as well as any additional amount incurred by the insured.

7. Name of prior carrier:

8. Rating Data:

Total number of employees: _____

a) Ratable employees consist of: _____ Number of: _____

1. All Officers _____

2. All Class A employees (including persons construed to be employees by endorsement, other than agent and partners) who handle, have custody or maintain records of money, securities or other property, including in any event those holding any position listed below. _____

3. One percent of all others (excluding Special Class "A" Employees) _____

4. All Special Class "A" Employees _____

Employee Classification Table

| Class "A" Employees: | Number of: |
|--|-------------------|
| Accountants and Assistant Accountants | |
| Adjusters | |
| Administrators and Assistant Administrators | |
| Appraisers and Clerks acting as Appraisers | |
| Attorneys | |
| Auditors and Assistant Auditors | |
| Beverage Checkers | |
| Bookkeepers | |
| Bursars and Assistant Bursars | |
| Bus Drivers | |
| Buyers and Assistant Buyers | |
| Cashiers and Assistant Cashiers | |
| Chairmen | |
| Checkers | |
| Chefs, who order food | |
| Computer Programmers | |
| Comptrollers and Assistant Comptrollers | |
| Credit Clerks and Managers | |
| Custodians | |
| Delivery Persons | |
| Detectives | |
| Dieticians, who order food | |
| Drivers and Drivers' Helpers (Breweries) | |
| Floor Walkers | |
| Food Checkers and Inspectors | |
| Head Pharmacists | |
| Instructors, having custody of money or securities | |
| Janitors (other than Special Class "A") | |
| Ledger Keepers | |
| Locker Room Attendants | |
| Maitre'ds and Assistant Maitre'ds | |
| Managers and Assistant Managers | |
| Medical Directors | |
| Messengers, outside | |
| Meter Readers, who collect | |
| Paymasters and Assistant Paymasters | |
| Professors, having custody of money or securities | |
| Purchasing Agents and Assistant Purchasing Agents | |
| Receiving Clerks | |
| Refinery Gaugers, of Oil Companies handling refined gasoline and oils | |
| Salespersons (other than outside) | |
| Security Guards | |
| Service Station Attendants | |
| Shipping Clerks | |
| Stewards, who order food | |
| Stock Clerks | |
| Storekeepers | |
| Storeroom Employees | |
| Superintendents and Assistant Superintendents (other than Special Class "A") | |

| | |
|---|--|
| Supervisors and Assistant Supervisors | |
| Taxi Drivers | |
| Teachers, having custody of money or securities | |
| Timekeepers and Assistant Timekeepers | |
| Warehousemen | |
| Wine Cellar Employees | |
| Wine Stewards | |
| Other similar Positions | |
| Canvassers (door-to-door salespeople) | |
| Chauffeurs | |
| Collectors | |
| Demonstrators | |
| Drivers | |
| Drivers Helpers (other than breweries) | |
| Janitors, Superintendents of Real Estate Owners, Operators, Subdividers, Developers and Lessors | |
| Salespeople (outside) | |
| Other similar positions | |

b) If excess employee dishonesty coverage for specified employees is desired, complete the following:

| Name Schedule Coverage | Position Schedule Coverage | | | Excess Limit of Insurance Each Employee |
|----------------------------|-----------------------------|-------------------------------|-----------------------------|---|
| Names of Covered Employees | Titles of Covered Positions | Location of Covered Positions | No. Employees Each Position | |
| | | | | \$ |

9. The present officers, employees, agents and partners of the Applicant, have to the best of the Applicant's knowledge and belief, while in the service of the Applicant always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Applicant indicated that any of the said officers, employees, agents and partners are dishonest. Such knowledge as any official or officer signing for the Applicant may now have in respect to his or her own personal acts or conduct, unknown to the Applicant is not imputable to the Applicant.

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Dated at: _____ this _____ day of _____ 20_____

Applicant _____ By _____ Name _____ Title _____