

Toronto Office: 18 King St. E., Suite 903 Toronto, ON M5C 1C4
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

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

REQUIRED FOR LIMIT UP TO \$25,000

Name of Applicant: _____

Business Address: _____

TYPE AND AMOUNT OF COVERAGE REQUIRED

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

BUSINESS INFORMATION

a) Nature of Business: Manufacturer Wholesaler Retailer Other (Specify) _____

b) Nature of Products/Service: _____

c) No. of Additional Premises Operated: _____

d) Ownership Change last 3 yrs: Yes No (If Yes, specify) _____

e) Type of Audit Performed: Financial Inventory Operational Procedural

f) Performed by Whom? Name of Firm: _____ Individual: _____

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

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

CONTROLS

- a) Who is responsible for banking deposits? Name: _____ Position: _____
- b) Who is responsible for banking withdrawals? Name: _____ Position: _____
- c) Who is responsible for reconciling the bank account(s)? Name: _____ Position: _____
- d) Are cheques/cheque requisitions always countersigned? Yes No
Name: _____ Position: _____
- e) Who performs accounts receivable/payable functions? Name: _____ Position: _____
- f) Are blank cheques/cheque requisitions/invoices/receipts protected against unauthorized or improper use? Yes No
- g) Are all job functions segregated so that no employee performs all phases of any assigned responsibility? Yes No
- h) Are all employees accountable to someone in higher authority at all times? Yes No
- i) Is stock/merchandise subject to inventory reconciliation? Yes No
- j) What is the frequency of inventory reconciliation? Monthly Other Specify: _____
- k) Does the Insured have an alarm system protecting the premises? Yes No
If Yes, is the alarm system connected to: Outside Gong Only Central Station Police Station
- l) Does the Insured employ security personnel while premises open? Yes No
- m) Does the Insured employ security personnel while premises closed? Yes No
- n) Does the Insured have a vault/safe on the premises? Yes No
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: _____
- o) What is the maximum amount of money/securities kept on the premises when the business is:
Open \$ _____
Closed \$ _____
- p) Is money/security transported to the bank for deposit by: Employee Armoured Carrier?
- q) What is the frequency of transporting money/securities to the bank?
 1/day 2/day Other: 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 No

LIST ALL LOSSES / CLAIMS SUSTAINED / INCURRED DURING THE PAST THREE YEARS

DATE OF LOSS/CLAIM	AMOUNT OF LOSS/CLAIM	DETAILS

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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