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Application

Commercial Crime Insurance

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____

Name of Broker Contact: _____

Brokerage Address: _____ City: _____ Postal Code: _____

For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

ADDITIONAL INFORMATION REQUIRED

If the requested limit is equal to or greater than \$1,000,000, attach a copy of the latest audited/internally prepared financial statements.

CORPORATE INFORMATION

1. (a) Name: _____

(b) Address: _____

(c) Website: _____

(d) Date Business Established: _____

(e) Incorporated under the laws of: _____

(f) Description of Business: _____

COVERAGE

2. Check Insuring Agreements and indicate limit(s) of liability requested:

Insuring Agreement	Limit(s) Requested
1. Employee Theft	\$
2. Forgery or Alteration	\$
3. Inside the Premises – Theft of Money and Securities	\$
4. Inside the Premises – Robbery/Safe Burglary (Other Property)	\$
5. Outside the Premises	\$
6. Computer Fraud	\$
7. Funds Transfer Fraud	\$
8. Money Orders and Counterfeit Paper Currency	\$
9. Credit Card Forgery	\$
10. Other (specify)	\$

3. Please provide the following information regarding current insurance coverage:

Insurance	Carrier	Limits (in millions)	Expiration Date
D&O Liability		\$	
Employment Practices		\$	
Fiduciary Liability		\$	
Crime		\$	

EXPOSURE INFORMATION

4.

	Canada	United States	Foreign	Total
Revenues				
Number of Locations				
Number of Employee(s)				

5. Does the Applicant want to include all subsidiaries and Employee Benefit Plans? YES NO

If yes, please attach a list of those to be included.

6. Are background and credit checks performed on all new hires? YES NO

7. Is there an annual review performed by an independent CPA/CA on the books and accounts, including a complete verification of all securities and bank balances? YES NO

8. Is the payroll system audited at least annually? YES NO

9. Are internal controls designed such that no employee can control a process from beginning to end (e.g., request a cheque, approve a voucher and sign a cheque)? YES NO

10. Are bank accounts reconciled by someone not authorized to deposit or withdraw from these accounts? YES NO

11. Is counter signature of cheques required? YES NO

12. Is the Applicant seeking Employee Benefit Plan Crime coverage? YES NO

13. Are pre-authorized controls maintained for all programmers and operators? YES NO

14. Do audit practices include tests to detect unauthorized programming changes? YES NO

15. Are computerized cheque writing operations segregated from departments that authorize cheques? YES NO

16. Is the responsibility for approving vendors, approving invoices and processing payments segregated among different employees? YES NO

17. Are background checks performed on vendors in order to determine ownership and financial capability? YES NO

18. Are all employees engaged in purchase or sales activities prohibited from taking part in the shipping and receiving? YES NO

19. Describe any employee(s) or non-employee(s) related crime that the Applicant's organization has experienced in the past three years, whether covered by insurance or not. If none, please also indicate.

Description of Incident	Date of Loss	Amount of Loss	Preventative Measures Taken

20. Does the Applicant require that all employees verify, via a telephone call to an established contact at the original source, that any change to delivery or wire instructions is legitimate? YES NO

If no, please confirm that you will adopt this procedure within sixty (60) days. YES NO

21. Does the Applicant verify all vendor/supplier bank accounts by a direct call to the receiving bank prior to being established in the accounts payable system? YES NO

If no, please explain how the entity verifies that the vendors/suppliers are in good standing:

22. Are international and domestic wire transfer procedures performed consistently across all business units? YES NO

If no, please explain any differences in an attachment to this application.

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

DECLARATIONS AND SIGNATURE

The undersigned declares that he/she is duly authorized by the entity, including its subsidiaries, if applicable, to complete this Application on their behalf and that the statements set forth herein are true and complete.

The undersigned agrees that, if the information supplied on this Application changes between the date of this Application and the effective date of the policy, he/she will provide written notice of such changes immediately to Victor Insurance Managers Inc. (Victor) and, without limitation to any other remedy, Victor may withdraw or modify any outstanding quotations, and any authorization or agreement to bind coverage.

Signature

Position

Date (dd/mm/yyyy)

Entity