



Clients' Property Questionnaire

Application is hereby made by _____

Principal Address _____ City _____ Province _____ Postal Code _____

Policy Effective Period _____ to _____

Limit of Insurance _____ Deductible _____

General Information

Yes

No

1. What is the name of the client(s) you will be working for? _____

2. What type of work will be performed for your client(s)? Please provide details below:

3. Total number of employees: _____ How many employees will be on the premises of your client(s)? _____

4. Will you have access to clients' money, securities, banking systems, wire transfer systems or any sensitive computer data? Yes No
 If yes, please provide details below: _____

5. Will you have restricted access to physical area of clients' premises by keycards, locks, etc.? Yes No

6. Will you be performing your services during normal business hours (i.e. 9:00am – 5:00pm)? Yes No

7. Will your employees be supervised and/or monitored by your client(s) when performing services on their premises? Yes No

8. Will your employees be required to wear I.D. badges or carry special identification in order to identify themselves as "non-employees"? Yes No

9. Do you perform background checks on your employees, including personal references, past employment references and criminal records? Yes No
 If no, please explain below: _____

10. Do you have any knowledge of an employee stealing from a client that may give rise to claims for the previous 5 years? Yes No
 If yes, please provide comments or an attachment to include a description of the loss, amount of the loss, and corrective action taken. _____

11. If this coverage is required by a specific contract, what is the expected start date and completion date of the contract?

Please attach a copy for our review.

NOTICE TO APPLICANTS:

Any person who knowingly and with 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.

This document was issued or made by the Company in the course of its insurance business in Canada.

Applicant Signature _____ Title _____ Date _____