![Great American Insurance Group logo]

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? **If yes,** please provide details below: _____ _____	☐	☐
5.	Will you have restricted access to physical area of clients' premises by keycards, locks, etc.?	☐	☐
6.	Will you be performing your services during normal business hours (i.e. 9:00am – 5:00pm)?	☐	☐
7.	Will your employees be supervised and/or monitored by your client(s) when performing services on their premises?	☐	☐
8.	Will your employees be required to wear I.D. badges or carry special identification in order to identify themselves as "non-employees"?	☐	☐
9.	Do you perform background checks on your employees, including personal references, past employment references and criminal records? **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? **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.		

Applicant Signature _____ **Title** _____ **Date** _____