



Crime Insurance Renewal Application For Healthcare Facilities

Name of Insured _____

Principal Address _____ City _____ Province _____ Postal Code _____

1. Since Last Renewal

Have you changed:	Yes	No
a. Legal Entity Status?	<input type="checkbox"/>	<input type="checkbox"/>
b. External and Internal Controls?	<input type="checkbox"/>	<input type="checkbox"/>
c. Exposures of Money and Securities or property by more than 10%?	<input type="checkbox"/>	<input type="checkbox"/>
d. Predominant business activity?	<input type="checkbox"/>	<input type="checkbox"/>
Note: Please enclose documentation supporting all affirmative answers.		

2. Financial Status (per latest FYE)

	Total	% Change from prior year
a. Annual Gross Assets		
b. Annual Gross Sales		
c. Net Profit		
d. Net Worth		
Please submit the following information in support of this application: Latest Annual Fiscal Year End Audited Financials, CA Letter to Management and Management Response		

3. Classification of Employees and Locations

a. Number of RNs _____ LPNs _____ NAs _____ Other _____	
b. Number of All Other Employees _____	PLEASE ATTACH TOTAL EMPLOYEE CENSUS
c. Number of additional locations other than the head office _____	
d. Number of beds in each facility _____	

4. Desired Coverage Changes

☐ Check if No Changes

Desired Coverage Changes (Limits/Deductibles)

Explain

5. Loss History

List all losses sustained during the past annual policy period, whether reimbursed or not.

☐ Check if No Losses

If loss has occurred, please provide the following information as part of your renewal submission:

Date of loss	Description of loss	Amount	Recovery	Corrective Measures

Please attach separate page if needed.

6. Revisions

List all changes or revisions to audit or internal control procedures during the previous policy period. ☐ **Check if No Changes**

7. Kidnap Ransom, and Extortion

a. Limits of Liability requested (*Limits offered between \$500,000 - \$65,000,000*) \$ _____

b. Provide details of any staff travel outside of Canada or the U.S. Include the city and country, number of staff traveling and duration/frequency of travel of the next 12 months. (*Attach additional pages as necessary.*)

City and Country	Number of Staff Traveling	Duration of Travel/Frequency

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 _____

Producer Signature _____ Title _____ Date _____