



# Fiduciary Dishonesty Coverage Application

Application is hereby made by \_\_\_\_\_

(Name of Fiduciary)

Principal Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Policy Effective Period \_\_\_\_\_ to \_\_\_\_\_

Prior Carrier \_\_\_\_\_ Limit of Insurance \_\_\_\_\_

Deductible \_\_\_\_\_

## 1. Description of Organization

Yes No

a. Please describe your organization

\_\_\_\_\_  
\_\_\_\_\_

b. Is your firm registered with the your provincial securities regulator?

Yes  No

c. Name of any regulatory body governing the business activity of the Fiduciary

\_\_\_\_\_  
\_\_\_\_\_

d. Number of Employees \_\_\_\_\_

## 2. Audit Procedures

Yes No

a. Is the fiduciary audited at least annually by a CA?

Yes  No

If yes, please provide name of outside CA:

\_\_\_\_\_  
\_\_\_\_\_

b. Is there an internal audit?

Yes  No

If yes, are they continuous and are reports rendered to Senior Management?

Yes  No

## 3. Internal Controls

Yes No

a. Are your services on a fixed fee basis?

Yes  No

If no, on what basis?

\_\_\_\_\_  
\_\_\_\_\_

b. Do you ever take physical possession of any of your client's investment assets?

Yes  No

If yes, describe the circumstances and types of assets held.

\_\_\_\_\_  
\_\_\_\_\_

c. Who maintains control over the client's investment assets?

\_\_\_\_\_  
\_\_\_\_\_

**3. Internal Controls (continued)**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| d. Does the person authorized to provide investment for clients also review the statements of account activity?<br><b>If no, who performs the review?</b><br>_____                          | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do clients execute an agreement or contract specifying types of investments to be purchased for its accounts?<br><b>If yes, provide a specimen. If no, provide explanation.</b><br>_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Do you ever appoint the custodian who holds the assets?  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Do you limit the amount of client's assets which you will place with any one custodian?  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Who furnishes the clients plans with a summary of account activity? _____  |                          |                          |
| i. Have you sustained any dishonesty losses in the last six years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Have you ever committed or have you been charged with disciplinary violations?<br><b>If yes, please attach a statement providing full details of the incident.</b>                       | <input type="checkbox"/> | <input type="checkbox"/> |

**4. Additional Required Information**

1. List of plans by name and asset size.
2. Most recent fiscal year end audited financial statements.
3. ADV Report

**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** \_\_\_\_\_