



# Crime Insurance Renewal Application For Government Entities

Name of Insured \_\_\_\_\_

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

### 1. Since Last Renewal

Yes No

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.	Net Profit/Change in Net Assets		
c.	Net Worth/Net Assets		

*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. Total Number of Locations

Non Retail Retail

a.	Canada/U.S.		
b.	Foreign		

### 4. Total Number of Employees

Canada/U.S. Foreign % Change

a.	Class 1 Employees (*)			
b.	All Others			
c.	Grand Total			

*(\*) Class one employees are all officers as well as other employees who handle, have custody or maintain records of money, securities or other property*

### 5. Loss History

List all losses sustained during the past annual policy period, whether reimbursed or not.  Check if No Losses

Please include any losses within the policy deductible.

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

**PLEASE SEE ATTACHED INSURANCE FRAUD WARNING STATEMENT**

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