



# Investment Company Bond Application

Name of Investment Company \_\_\_\_\_

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

## 1. Insureds

1. Name of Investment Companies to be included as Insureds		Number of Officers	
2. Additional Insureds to be included as Joint Insured only if affiliated and their principal business is related to the insured Investment Company named above.		Function (distributor, broker-dealer, etc.)	Number of Employees
			Number of Officers

3. Give the total assets for all Investment Companies managed: \$ \_\_\_\_\_

4. a. Have there been any losses paid under a fidelity blanket bond during the last (6) years?  Yes  No

b. If yes, please attach a description giving date, gross amount of loss and a brief summary of each loss.

## Proposed Bond Program

Coverage	Limit Liability	Deductible
Fidelity	\$	\$
Audit Expense (Maximum \$100,000 for Limit of Liability)	\$	\$
Premises	\$	\$
Transit	\$	\$
Forgery/Alteration	\$	\$
Securities Forgery	\$	\$
Counterfeit Currency	\$	\$
Stop Payment (Maximum of \$100,000 for Limit of Liability)	\$	\$
Uncollectible Items (Maximum of \$100,000 for Limit of Liability)	\$	\$
Computer Crime	\$	\$
Unauthorized Signatures	\$	\$

**Proposed Bond Program *continued***

Coverage	Limit Liability	Deductible
Telefacsimile Transmissions	\$	\$
Automated Phone Systems	\$	\$

**2. Fund Operation**

1. a. How many mutual funds are created (on average) per year?	b. How many funds are currently in registration?
2. a. Name(s) of Outside Electronic Processor(s):	b. Function:
3. a. Name(s) of Custodian(s):	
4. a. Name(s) of Transfer Agent(s):	b. For which Fund?
5. a. Name of Investment Advisor: _____	b. Number of Employees: _____
c. Please describe any other functions of the company: _____	
_____	
6. a. Are all shareholder accounting services performed by the Transfer Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. If no, please attach an explanation of who performs other shareholder accounting services and what those services are.	
7. a. Do you transfer funds electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. If yes, what is the average amount of funds transferred on a daily basis? _____	

**3. External Audit**

	Yes	No
1. State the name of the outside CA firm who perform audits other than governmental examinations, directors examinations and similar limited scope audits.		
_____		
_____		
_____		
a. Frequency of these audits: _____		
b. Does the outside audit include all locations?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the outside audit include all data processing centers?	<input type="checkbox"/>	<input type="checkbox"/>
If no, to either b or c above please explain limitations. _____		
_____		
d. Does the auditor regularly review your internal controls and furnish a written report to management?	<input type="checkbox"/>	<input type="checkbox"/>
e) Has the auditor made any recommendations in the area of data processing that have not been adopted?	<input type="checkbox"/>	<input type="checkbox"/>

**3. External Audit *continued***

	Yes	No
2. Are signatures reviewed against applications for cheques or drafts over \$2,500? If no, please attach explanation	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there at least a 48 hour grace period on deposits received prior to crediting a customer or shareholders account? If no, explain _____	<input type="checkbox"/>	<input type="checkbox"/>
4. List the name of the Computer Systems owned and operated by the Named Insured: _____		
5. Are passwords to Computer Systems changed on a monthly or quarterly basis? If no, explain _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Is access to the Insured's Computer Systems restricted to authorized personnel?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the Insured utilize "anti virus" software? If no, please explain _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Whom has access to Automated Phone System Equipment which permits the Insured to process a transaction on behalf of a customer or shareholder? _____		

**The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant nor the insurer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy. All written statements and materials furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.**

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