



Application for a Combination Safe Depository Policy for Financial Institutions

Application is hereby made by _____
 Principle Address _____ City _____ Province _____ Postal Code _____
 Policy Effective Period _____ to _____
 Name of Prior Carrier _____

1. Coverage Desired

Complete the following for forms and amounts of coverage desired:	Limits of Insurance
a. Liability of Depository- Insuring Agreement A	\$ _____
b. Loss of Customers' Property: Premises Damage- Insuring Agreement B Including <input type="checkbox"/> Excluding <input type="checkbox"/> Coverage on Money	\$ _____
c. Agreements A and B combined- Single Limit of Insurance Including <input type="checkbox"/> Excluding <input type="checkbox"/> Coverage on Money, under B	\$ _____

2. Locations

- a. Total number of locations with a safe deposit box exposure _____
- b. Total number of rented safe deposit boxes at all locations covered _____
- c. List locations to be excluded from coverage _____

3. Internal Controls

	Yes	No
a. Are all safe deposit box renters identified and their addresses verified?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are master signature cards maintained and compared before each entry by box renter?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are customers permitted in vault only with attendant?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is a permanent record of entry dates and signatures of entrants maintained?	<input type="checkbox"/>	<input type="checkbox"/>
e. Do all boxes require two keys to open?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is it a hard and fast rule that customers are never permitted to leave keys at the bank?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are the deceased customer rules written and established?	<input type="checkbox"/>	<input type="checkbox"/>
h. Are locks changed whenever a customer's key is lost or a box is vacated?	<input type="checkbox"/>	<input type="checkbox"/>
i. When a box is abandoned, entered by court order, or upon death of a box holder are at least two responsible officials of the depository present to verify and inventory contents?	<input type="checkbox"/>	<input type="checkbox"/>

4. Loss History

Yes **No**

a. Has any insurance been declined or canceled during the past three years?

If yes, explain: _____

b. List all losses sustained during the past three years, whether reimbursed or not, from _____ to _____
 Check if none month/day/year month/day/year

Date of Loss	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Amount Recovered from other than Insurance	Amount of Loss Pending	If Loss occurred at other than Main Office, state location

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** _____