



## Fidelity and Crime Application for Private Security Firms

Name \_\_\_\_\_

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

Telephone: ( ) \_\_\_\_\_

### 1. Coverage Requested

Effective Date Desired _____	Limit of Insurance	Deductible
1. Employee Dishonesty	\$	\$
2. Forgery or Alteration	\$	\$
3. Inside the Premises	\$	\$
4. Outside the Premises	\$	\$
5. Computer Fraud	\$	\$
6. Money Orders & Counterfeit Paper Currency	\$	\$
7. Loss of Client's Property	\$	\$
8. Funds Transfer Fraud	\$	\$

### 2. Company Information

a. Date Established: \_\_\_\_\_

b. Company is a:

Corporation       Partnership       Individual       Other \_\_\_\_\_

c. Branch Offices:

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

d. Officers, Partners or Owners

Name	Title	Name	Title

e. What background do the principals of this organization have in public or private law enforcement/security?

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

f. Are guards required to be provincially licensed? License #: \_\_\_\_\_

Yes  No

**2. Company Information continued**

Yes No

g. Number of Employees by Category:

Security Guards (Breakdown by type of client)

- 1. Retail (stores, markets, etc.) \_\_\_\_\_
- 2. Industrial (warehouses, factories, etc.) \_\_\_\_\_
- 3. Financial Institutions \_\_\_\_\_
- 4. Hotels, Apartments, Offices \_\_\_\_\_
- 5. Construction Sites \_\_\_\_\_
- 6. Airport, Terminals \_\_\_\_\_
- 7. Other (Please describe) \_\_\_\_\_

Total number of employees:

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Grand Total \_\_\_\_\_

h. Do you have any contracts or prospective clients who are requesting this coverage?  Yes  No

If yes, please provide details. (Add separate sheet if necessary.)

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

i. Do you perform any courier/messenger/armoured car services?  Yes  No

If yes, maximum dollar amount you carry? \_\_\_\_\_

j. List other entities you may have to be included as named insureds (Not clients.)

(Note: The number of employees must also be included in the Grand Totals as indicated on the front of this application.)

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

**3. Prior Fidelity Coverage**

Yes No

Coverage	Effective Date	Limit/Deductible	Insurer
		\$	
		\$	

a. Has any Employee Dishonesty, Forgery, Burglary, Robbery, Theft, Disappearance or Destruction Insurance carried by the applicant been declined or cancelled within the last six years by any insurer?  Yes  No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

**4. Loss History**

a. Enter all claims or occurrences that may give rise to claims for the prior five years Check if none

b. Loss information: on a separate sheet please advise whether the employee(s) involved have been terminated from their duties and what corrective action has been taken to prevent repetition.

Date of Loss	Amount of Loss	Description of Loss

**5. Internal Controls**

a. Describe Experience Requirements and Duties of Supervisors *(Add separate sheet if necessary)*: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Are Supervisors required to perform a procedure of random inspections? Yes No  
 If yes, please explain: \_\_\_\_\_    
 \_\_\_\_\_

c. What is the ratio of supervisors to guards? \_\_\_\_\_

d. Pre-employment Screening Procedures *(please attach copy of your employment application)*

- Drug screening       Fingerprint       Polygraph       Criminal Records  
 Prior Employer Check       Other \_\_\_\_\_

**6. Audits/Bank Account Controls**

Yes No

a. How frequent are audits performed? \_\_\_\_\_

b. By whom (Chartered Accountant, Public Accountant or Auditor, Staff) \_\_\_\_\_

c. Have all recommendations made by the accountant been adopted?

d. Are all bank accounts reconciled by someone not authorized to deposit, withdraw, or write cheques?  
 How often? \_\_\_\_\_

e. Is countersignature of cheques required?  
 If not, by whom signed? \_\_\_\_\_

f. Are vouchers/supporting records stamped "PAID" when cheques are signed?

**7. Payroll**

Yes No

a. Is the payroll made up by persons other than those who distribute it to employees?

b. Are all persons who are authorized to hire or fire employees prohibited from distributing the payroll?

c. Is positive identification required of each person receiving pay?

d. Are all changes to the payroll system approved prior to inception by a higher ranking manager at the corporate office?

e. Are all persons who are authorized to make changes to the payroll system prohibited from changing their own status and/or pay in the system?

**8. Additional Exposures**

Yes No

a. Is there an exposure of precious metals or stones such as gold, silver, industrial diamonds etc. or other high value materials such as computer chips, electronic components, etc.?  
 If yes, attach a separate listing of such exposures, identify each location and state a maximum value of each location.

**9. Employee Information**

Yes No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| a. Do employees have access to cash?<br><b>If yes</b> , please state the average exposure: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are any of the employees involved in the protection of high value cargo at trucking terminals, piers, etc.?<br><b>If yes</b> , explain _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you provide services for any special events?<br><b>If yes</b> , please describe the type of special events: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is there a standard rotation of assignments for employees?<br><b>If yes</b> , explain _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do the employees have any access to drugs, medicine, etc. at hospital, institutions, or clinics?<br><b>If yes</b> , explain _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. On a separate sheet, list names of Employee Benefit Plans required to be bonded by Title 1 of the Employee Retirement Income Security Act of 1974 to be included hereunder. Show total number of fiduciaries, trustees, administrators, officers or employees who are not Employees of the Insured.<br><b>If no plans are covered</b> , so state: _____ |                          |                          |

**10. Vendor Information**

Yes No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| a. Are background checks performed on vendors in order to determine ownership and financial capability prior to doing business with them? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is an authorized vendor list utilized and updated for all annual purchases, with competitive bidding required over stated amounts?     | <input type="checkbox"/> | <input type="checkbox"/> |

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