

## Commercial Crime Policy Application for Small Businesses

Application is hereby made by \_\_\_\_\_  
(Please attach a list of all Insureds, including any Employee Benefit Plan(s) to be covered)

Principal Address \_\_\_\_\_

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

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

### 1. Insuring Agreement

Limit of Insurance  
Per Occurrence

Deductible

1. Employee Dishonesty	\$	\$
2. Forgery or Alteration	\$	\$
3. Inside the Premises	\$	\$
4. Outside the Premises	\$	\$
5. Computer Hacking	\$	\$
6. Money Orders and Counterfeit Paper Cash	\$	\$
7. Loss of Clients' Property	\$	\$
8. Funds Transfer Fraud	\$	\$
9. Fraudulently Induced Transfer (available upon request)	\$	\$
10. ERISA Fraud or Dishonesty	\$	\$

### 2. Employees and Locations

Total Employees \_\_\_\_\_ Independent Contractors \_\_\_\_\_ Total Locations \_\_\_\_\_

### 3. Description of your organization

- a. Date of Establishment \_\_\_\_\_
- b. Please describe your predominant business or activity \_\_\_\_\_

### 4. Internal Controls

Yes

No

a. Are bank accounts reconciled monthly?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are bank accounts reconciled by someone not authorized to deposit, withdraw, or write cheques?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are vouchers/supporting records stamped "PAID" when cheques are signed?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you maintain a list of approved vendors?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is countersignature of all cheques required?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, above what amount? _____		
f. Are systems designed so that no single employee can control a transaction from beginning to end (e.g. approve a voucher, request and sign a cheque)?	<input type="checkbox"/>	<input type="checkbox"/>
g. Do you screen your employees for prior acts of dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>
h. Are all shipping and receiving activities reconciled to all applicable sale/purchase orders?	<input type="checkbox"/>	<input type="checkbox"/>
i. Do you have a system in place to prevent and detect payments to fictitious vendors?	<input type="checkbox"/>	<input type="checkbox"/>

**4. Internal Controls *Continued***

				Yes	No
j.	Is all purchasing centralized out of your main office?			<input type="checkbox"/>	<input type="checkbox"/>
k.	Is there personal supervision of business activities on a daily basis by an Owner?			<input type="checkbox"/>	<input type="checkbox"/>
	<b>Does that person</b>	<b>Yes</b>	<b>No</b>		
	Deposit all cash receipts?	<input type="checkbox"/>	<input type="checkbox"/>	Reconcile all bank accounts?	<input type="checkbox"/>
	Sign or countersign all cheques?	<input type="checkbox"/>	<input type="checkbox"/>	Verify shipping and receiving activities?	<input type="checkbox"/>
	Cheque petty cash periodically?	<input type="checkbox"/>	<input type="checkbox"/>	Review journal entries?	<input type="checkbox"/>
l.	Is segregation of duties performed in the following				
	Inventory management?	<input type="checkbox"/>	<input type="checkbox"/>	Oversight of cheque stock?	<input type="checkbox"/>
	Vendor approval?	<input type="checkbox"/>	<input type="checkbox"/>	Shipping and receiving?	<input type="checkbox"/>

**5. Prior Insurance**

						Yes	No
a.	Have any similar insurance been declined or canceled during the past three years?					<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please explain _____						
b.	Prior insurance to be superseded					<input type="checkbox"/> Cheque if None	
	<b>Carrier</b>	<b>Effective Date</b>	<b>Expiration Date</b>	<b>Limit</b>	<b>Deductible</b>	<b>Premium</b>	

**6. Cash and Metals Exposure**

		Yes	No
a.	What is the total amount of specified property for all locations combined:		
	Cash \$ _____ Retail Cheques \$ _____ Credit Card Receipts \$ _____		
b.	Do you handle, store, or use valuable or precious and/or non-precious metals?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please complete our Metals Questionnaire (available upon request)		

**7. Financial Status (per latest FYE)**

	Total	% Change from prior year
a. Annual Gross Assets		
b. Annual Gross Sales		
c. Net Profit		
d. Net Worth		

**8. Loss History**

Enter all claims or occurrences that may give rise to claims for the prior 5 years*					<input type="checkbox"/> Check if No Losses	
Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Claim Status		
				Open	Closed	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

\*Please attach corrective actions taken if there is previous loss history

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