

Condominium and Homeowners Association Crime Application

App	olication is hereby made by	sureds, including any Employee Be	nofit Plan	(s) to he co	overed)		
Prir	ncipal Address		nont i ian	(3) 10 00 00	verea		
	/	Province	Postal Code				
Pol	icy Effective Period	to					
1.	Insuring Agreement	Limit of Insurance Per Occurrence		Deductib Per Occurr			
1.	Employee Dishonesty	\$	\$				
2.	Forgery or Alteration	\$	\$				
3.	Inside the Premises	\$					
4.	Outside the Premises	\$	\$				
5.	Computer Hacking	\$	\$				
6.	Money Orders & Counterfeit Paper Cash	\$	\$				
7.	Loss of Client's Property	\$	\$				
8.	Funds Transfer Fraud	\$	\$				
9.	Fraudulently Induced Transfer (Separate Application Required)	\$	\$				
10.	ERISA Fraud or Dishonesty	\$	\$				
	Coverage Amendments (Endorsements)						
	Is Kidnap, Ransom, and Extortion Coverage Desired? (Separa	ate application required)		Yes □	No □		
2.	Employees and Locations						
	al Employees Volunteers	Total Loc	ations _				
3.	Description of your organization						
a.							
b.	Date of Establishment Please describe your predominant business or activity						
υ.	Trouble describe your prodoffmant business of delivity						
c.	Please list community amenities (i.e. restaurant(s), golf course, g	golf shop, club house, pool, gym, etc	c.)				
			,				
4.	Internal Controls			Yes	No		
a.	Are the associations' bank accounts and credit card statements reconciled monthly by someone						
	not authorized to deposit, withdraw, initiate electronic funds transfer, or use an association credit card?						
b.	Are dues/fees/mortgage payments always received as cheques, not cash?						
c.	Are those authorized to hire/fire association employees, prol	nibited from distributing the pay	roll?				
	<u> </u>	eck the box to confirm the Insured o		_			

4.	Internal Con	Internal Controls Continued					No
d.		(other than Directors & Office here are no other voluntee					
e.	Does the asso	ociation utilize an outside	property manag	ger?			
		roperty management com on any association bank		d from being named	the sole authorized		
	Please provide	e the name and address of	of the property r	nanagement compa	ny:		
	Does the prop	erty management compa	any carry Crime	insurance?			
f.	Are vouchers/supporting records stamped "PAID" when cheques are signed?						
g.	Do you maintain a list of approved vendors?						
h.	Is countersign	ature of all cheques requ	ired?				
	If yes, above v	vhat amount? \$					
i.	If the Associat	tion uses Electronic Bank	ing, please conf	firm the following:			
		d approve all cheques/ex vices or goods?	kpenditures and	also verify the comp	pletion/receipt of		
		ee responsible for creatin	g the cheque or	payment request, e	xcluded from		
	signing chequ		ament directly fo	om the bank (dia mod)	in a socied envelope se		
		rd receive a monthly state fily from the bank's website) a	=		ın a sealed envelope or		
5.	Prior Insurar	nce				Yes	No
a.	Have any simi	lar insurance been declin	ed or canceled	during the past three	e years?		
	If yes, please	explain					
b.	Prior insuranc	e to be superseded				☐ Check	if None
	Carrier	Effective Date	Expiration Date	e Limit	Deductible	Pre	emium
6.	Loss History	,					
En	ter all claims or	occurrences that may giv	e rise to claims	for the prior 5 years	*	☐ Check if	No Losses
Date of Occurrence Type/Description of Occurrence or Clain			rence or Claim	Date of Claim	Amount Paid	Claim : Open	Status Closed
*P	lease attach corre	ctive actions taken if there is	s previous loss his	tory			
ny nfor cri	mation, or concea me.	ingly and with intent to defr lls for the purpose of mislea	ding, information	concerning any fact ma	aterial thereto, commits a		
		sued or made by the Compa	-				
ppl	icant Signature _			Title		Date	