



Application for Comprehensive Dishonesty, Disappearance and Destruction Policy

Name of Insured: _____

Address: _____

Are you a: Corporation Society School Division AB .Srs. Housing

COVERAGE REQUESTED

- | | | |
|------------------------|---------------------------------------|---|
| Insuring Agreement I. | Employee Dishonesty | <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$100,000 |
| Insuring Agreement II | Loss Inside Premises | <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 |
| Insuring Agreement III | Loss Outside Premises | Loss inside/outside is mandatory with bond coverage.
Loss inside/outside must carry the same limits. |
| Insuring Agreement IV | Money Orders/
Counterfeit Currency | <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$1,000 |
| Insuring Agreement V | Depositors Forgery
Coverage | <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000
<input type="checkbox"/> \$50,000 <input type="checkbox"/> Other \$ _____ |
| Insuring Agreement VI | School Theft Rider | <input type="checkbox"/> \$6,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other \$ _____ |
| Endorsement No. 3 | Remote Access
Telephone Fraud | <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 |

Number of Employees who handle money/securities as a regular part of their job responsibilities: _____

Number of Employees who handle money / securities on an infrequent basis: _____

Total number of Employees _____

Internal Controls Practiced

AUDITS

Are the books audited by an independent C.A.? _____ If so, by whom? _____
 _____ How often? _____

(Please be sure you have a copy of the latest audited financial statements on file. These records will be required in the case of a claim)

Are these audits complete and unqualified? _____ If not, describe the limitations _____

Are these audits made for each entity to be covered? _____ If not, explain _____

If an independent C.A. is not retained, who is responsible for auditing the books? _____
 _____. Briefly explain the scope and limitation of such audit? _____

Does the audit include all locations? _____

Is there a C.A. letter to management relating to internal control weaknesses? _____ (If so, please attach a copy.) Has management prepared a reply? _____ (If so, please attach a copy.)

INVENTORY CONTROL

Is a complete inventory made with physical check of stock and equipment? _____

By whom? _____ How often? _____

BANK ACCOUNT CONTROL

Do employees who reconcile the monthly bank statements also either (a) sign cheques? _____

(b) Handle deposits? _____ or (c) have access to cheque signing machines or signature plates? _____

It is inadvisable for the reconciliation to be done by an employee who also signs cheques, handles deposits or who has access to cheque signing machines or signature plates because under such circumstances losses may be concealed. If any answer in this question is yes, will you correct this weakness? _____

Is countersignature of cheques required? _____ Over what limit? _____

Internal Controls Practiced

COMPUTER CONTROL

- Are pre-authorization controls maintained for all programmers and operators? _____
- Are the duties of programmers and operators separated? _____
- Is the output reconciled by persons who do not prepare or process the input? _____
- Do audit practices include “tests” to detect unauthorized programming changes? _____
- Are computerized cheque writing operations segregated from departments that authorize cheques? _____

CREDIT CARDS

Do any employees have access to or use of a corporate credit card? _____ If yes, state name(s) and position(s): _____

Is a reconciliation performed to ensure proper use of the card? _____ If yes, how often is the reconciliation made and by whom? _____

SECURITY

Is there an alarm system protecting the premises? _____ If yes, does the system provide complete protection to: Safe Vault Premises. Name of the manufacturer of the alarm system: _____

Is the alarm system connected to: Outside alarm only Central Station Police station

Is the alarm system maintained in proper working order? _____ Date the alarm system was last tested _____

Who tested the system? _____ Test results? _____

What is the maximum value of money or securities kept on the premises overnight? _____

Where is money/securities kept overnight if not deposited? Safe/Vault Filing Cabinet Cash drawer
 Other (explain)

Are stamps, tokens, tickets, vouchers held for sale to the public? _____ If yes, how often is the inventory subject to reconciliation and who performs the reconciliation (Position)? _____



Details of all Losses in the Last Six Years

(Use separate paper if necessary)

List all employee dishonest, burglary, robbery, disappearance, destruction and forgery losses discovered by the Insured in the last six (6) years, itemizing each loss separately: Check if none

Date of Loss	Total Amount*	Description	Precautions Taken to Prevent Repetition

*Please indicate that part of any loss covered by insurance as well as any additional amount incurred by the Insured.

PREVIOUS INSURANCE

Insurer	Limits	Deductible	Policy Period	Premium
Expiring: _____				
Previous: _____				
Names of Additional Insureds				

FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or person, files an application of 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.

Dated: _____ Signed: _____
 (Name) (Title)
 Name (Print): _____