



BOND & CRIME QUOTE APPLICATION

INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms.
2. Attach a copy of the most recent Annual Return.
3. Sign and date the completed form.

GENERAL INFORMATION

MUNICIPALITY:

ORGANIZATION NAME:

CUSTOMER #:

MAILING ADDRESS:

POSTAL CODE:

CONTACT:

PHONE #:

POSITION:

EMAIL:

Is your organization registered as a not-for-profit entity? Yes No

Your organization is a: Municipality Society School AB Seniors Housing Other: _____

COVERAGE REQUIRED

Employee Dishonesty:	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
Loss Inside / Outside 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
Money Orders / Counterfeit Currency:	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> 50,000		
Depositor's 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
Remote Access Telephone Fraud:	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$10,000	
Employee Theft of Client Property:	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000		

**If higher limits are required, please contact our office.*

Total # of Employees: _____

INTERNAL PROCEDURES

WARRANTY: If you answer "no" to two of questions in this section, employee dishonesty coverage will be limited to \$5,000.

As part of your routine practices:

1. Do you require dual cheque signing as part of your cheque issuing process? Yes No
2. Is there a separate individual who reconciles bank statements that DOES NOT have cheque signing authority? Yes No
3. Do you perform an annual independent financial audit for your organization? Yes No

BOND & CRIME QUOTE APPLICATION

WITH REFERENCE TO THE PREVIOUSLY COMPLETED 'COVERAGE REQUIRED' SECTION

1. Have there been any changes to your Employment Practises procedures? Yes No
2. Have there been any changes in your Computer Systems controls? Yes No
3. Have there been any changes in your Funds Transfer procedures? Yes No
4. If coverage is carried under Insuring Agreements II (inside robbery) or III (outside robbery):
 - a. Has any new security protection been put in place, such as crime resistant vaults, safes, electronic alarms, surveillance, watchmen, or guard services? Yes No
 - b. Have there been changes in the maximum daily or overnight exposures of money, cheques, or securities? Yes No

If 'yes' to any of the above, please provide details: _____

5. Do you own or lease an ATM on any premises? Yes No
If 'yes', are you responsible for insuring the ATM machine and cash? Yes No
ATM Value: \$_____ Cash Value: \$_____

SIGNATURE OF INDIVIDUAL COMPLETING APPLICATION

(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)

PRINTED NAME

POSITION / TITLE

DATE