

Chubb Application: Crime Coverage

By completing this Application you are applying for coverage with Chubb Insurance Company of Canada (the "company")

Notice: The coverage afforded under this coverage section differs in some respects from that afforded under other policies. Read the entire application carefully before signing.

APPLICATION INSTRUCTIONS:

- Whenever used in this Application, the term "**Applicant**" shall mean the Parent Organization and all organizations applying for coverage.
- Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.

I. General Information

- Name of **Applicant**: _____
- Address of **Applicant**: _____
 City: _____ Prov.: _____ Postal Code: _____
- Applicant's** Province of Incorporation: _____ Date established: _____
- Describe or attach a description of the **Applicant's** operations: _____
- Coverage Requested:

Coverage	Limit Requested
Crime	\$ _____
Client	\$ _____
Employee Benefit Plan	\$ _____
Expense	\$ _____
Deductible:	\$ _____

The Limits of Liability (Limits) and Deductible requested do not constitute an application or proposal by the Organization for coverage with such Limits and Deductible nor does receipt of this request by the Company constitute an agreement that coverage with such limits and deductible, or any coverage whatsoever, will be afforded.

- Policy Period Requested: From: _____ to: _____
 both days at 12:01 a.m. at the principal address of the **Applicant**.
- Please complete the following:

LIST THE COUNTRIES IN WHICH YOU HAVE OPERATIONS	TYPE OF OPERATION	NUMBER OF LOCATIONS	NUMBER OF EMPLOYEES	REVENUES
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
TOTAL:				\$ _____

8. Please attach the following information for any joint venture or subsidiary that you are requesting coverage for:
 - a. Country of domicile and date established;
 - b. Percentage of ownership;
 - c. Description of operations;
 - d. Identify the responsibilities of the **Applicant** in any joint venture, including such participation status as the General Partner, Managing Partner, investor, etc.

Receipt of this information by the Company does not constitute an agreement that coverage will be afforded to the joint ventures or subsidiaries identified.

9. Please provide the following information for any mergers or acquisitions in the past 12 months:
 - a. Name of company acquired;
 - b. Date of the transaction;
 - c. Description of operations acquired;
 - d. Annual revenues; and
 - e. Number of employees.

10. Does the **Applicant** provide any lease financing in the course of its business? Yes No

11. Have policies been published and distributed to all employees regarding Code of Ethics, Conflicts of Interest and Gifts and Gratuities? Yes No

II. Specific Information

A. Human Resources and Payroll

Explain any "NO" answers at the END of this application. Attach additional pages, if necessary. Any attachments to this application are incorporated by reference.

1. Is the following pre-employment screening conducted prior to hiring in all business units both, domestically and internationally:
 - a) Where permissible under applicable human rights legislation, are criminal history record checks conducted in all jurisdictions in which the prospective employee has lived for the last 5 years? Yes No
 - b) Verification that the prospective employee is legally entitled to work in Canada? Yes No
 - c) Reference checks with all prior employers during the last 5 years? Yes No
 - d) Credit check (if access to cash or control/input of financial transactions)? Yes No
 - e) Education and training verification? Yes No

2. Are the following payroll controls in place at all domestic and international operations:
 - a) Are management policies and computer system controls in place to prevent persons who approve new hires from adding them into the payroll? Yes No
 - b) Are additions to the payroll system automatically reported via the computer system to an HR manager who reconciles payroll changes with new hire documentation? Yes No
 - c) Are managers periodically provided with the names and salaries of all employees assigned to them for verification? Yes No

- d) Does the audit department have a program in place to detect possible ghost employees? Yes No
- e) Is the payroll system audited at least annually? Yes No
- f) Is the IS/IT department and accounting department restricted from any access to the payroll computer system? Yes No

B. Auditing Procedures

Explain any "NO" answers at the END of this application. Attach additional pages, if necessary. Any attachments to this application are incorporated by reference.

1. *Internal Audit:*

- a) How many professionals are in your internal audit department?
 Currently: _____ Three years ago: _____
- b) Does the audit department receive automatic exception reports on suspect financial transactions and financial trends? Yes No
- c) Does the audit schedule include all locations of subsidiaries and joint ventures? Yes No
- d) Are audit reports furnished to senior management and the Board of Directors with all recommendations prioritized by the level of risk they pose to the Organization? Yes No
- e) Please attach a copy of the current year's audit plan from the internal auditors.

2. *External Audit:*

- a) Does an independent CPA provide you with a management letter annually? Yes No
 If "Yes", please attach the most recent copy and management's response.
- b) Is each corporate location subjected to periodic external audits? Yes No
- c) Are audit reports furnished to senior management and the Board of Directors? Yes No

C. Wire Transfers (WT)

Explain any "NO" answers at the END of this application. Attach additional pages, if necessary. Any attachments to this application are incorporated by reference.

1. Has separation been established between authority to initiate and approve a WT? Yes No
2. Have approval authorities been established in writing and are they current? Yes No
3. Are WT's reconciled daily by a person who did not approve or transmit such WT's? Yes No
4. Are international and domestic WT procedures and controls consistent? Yes No

D. Purchasing Controls

Explain any "NO" answers at the END of this application. Attach additional pages, if necessary. Any attachments to this application are incorporated by reference.

1. Are levels of purchasing authority established in writing throughout your organization? Yes No
2. Has a numbered purchase order system been implemented and is it being followed? Yes No

3. Has an approved master vendor list been established? Yes No
4. a) Are procedures in place to verify the existence and ownership of all new vendors prior to adding them to the authorized master vendor list? Yes No
- b) If "Yes," is "due diligence" conducted by someone other than the person requesting such addition or with authority and/or ability to add the vendor to the master list? Yes No
5. Does the purchasing system automatically produce exception reports to notify management and auditing of potential fraudulent transactions or trends? Yes No
6. Are international and domestic purchasing procedures and controls consistent? Yes No

E. Account Payable Controls

Explain any "NO" answers at the END of this application. Attach additional pages, if necessary. Any attachments to this application are incorporated by reference.

1. Are all invoices verified against a corresponding purchase order, receiving report, and authorized master vendor list prior to issuing payment? Yes No
2. Are invoices, purchase orders, and check runs reconciled daily by an independent party? Yes No
3. Are cheques signing authorities and dual control requirements established in writing? Yes No
4. Are blank and cancelled checks stored under dual control with access documented? Yes No
5. Is a perpetual inventory in place for blank checks and are daily inventories taken? Yes No
6. Is a monthly reconciliation conducted of all bank accounts by someone who does not handle deposits, sign checks or have access to electronic or mechanical signatures? Yes No
7. Does the accounts payable system automatically produce exception reports to notify management and auditing of potential fraudulent transactions or trends? Yes No
8. Are international and domestic accounts payable procedures and controls consistent? Yes No

F. Inventory Controls

Explain any "NO" answers at the END of this application. Attach additional pages, if necessary. Any attachments to this application are incorporated by reference.

1. Is a perpetual inventory maintained for:
- a) Stock, including raw materials, and manufacturing components? Yes No
- b) Manufactured or finished goods? Yes No
- c) Scrap? Yes No
2. Do inventory procedures enable accurate accounting of all inventory items listed above at each stage of the manufacturing or production process? Yes No
3. Are daily cycle counts conducted on inventory items? Yes No
4. Are physical inventory counts conducted at least annually and reconciled with the perpetual inventory system? Yes No

If "Yes",

- a) Is the reconciliation performed by someone not associated with the control of the physical inventory? Yes No
 - b) Are inventory variances outside established parameters reported to auditing? Yes No
5. Does the **Applicant** use precious metal, stone or other high value items in the manufacturing or processing of goods? Yes No
- If "Yes":
- a) Is access to such materials restricted, physically controlled and monitored? Yes No
Please attach details of such controls.
 - b) Are daily inventories conducted of all high value items? Yes No
 Yes No
 - c) Please provide the average value \$ _____
and maximum value \$ _____ at each location. Yes No
6. Are international and domestic inventory procedures and controls consistent? Yes No

G. Money and Securities Control

Explain any "NO" answers at the END of this application. Attach additional pages, if necessary. Any attachments to this application are incorporated by reference.

- a. State the value of negotiable securities owned or held: \$ _____ N/A
- b. Where are the securities kept? _____ N/A
- c. If safe deposit boxes are used, has the bank been instructed to require that two authorized individuals be present before entry to any box is permitted?
 Yes No N/A
- d. What is the maximum amount held at, or transported from, any one location? N/A

Cash: \$ _____ Cheques: \$ _____ Negotiable Securities: \$ _____

H. Computer Systems Protection

Explain any "NO" answers at the END of this application. Attach additional pages, if necessary. Any attachments to this application are incorporated by reference.

- 1. Are Access Controls designed so that users cannot gain access to programs and files to which they have not been specifically granted access through a formal procedure? Yes No
- 2. Have computer access controls been implemented that include the following:
 - a) Passwords are required to be alpha/numeric and 6-9 characters? (system enforced) Yes No
 - b) Are user IDs automatically revoked upon separation of employment? Yes No
 - c) Are password files encrypted for all applications and is access restricted? Yes No

3. Are business-to-business or business-to-consumer transactions performed over the Internet? Yes No

If "Yes":

- a) Are firewalls configured to restrict all IP communications except those necessary to conduct business and are firewalls security patches current? Yes No
- b) Is firewall port scanning and penetration testing conducted regularly? Yes No
- c) Were Web-based application independently tested for security vulnerabilities prior to, or at the time of, deployment and have they been similarly tested whenever the applications have been modified? Yes No

4. Intrusion Detection Systems: Is network-based and host-based IDS software installed and are all patches current? Yes No

5. Are B-2-B and B-2-C procedures, systems, and controls the same for domestic and international operations? Yes No

6. Do you have a formal process for authenticating all transactions done electronically prior to shipping product or authorizing payment? Yes No

- 3. Are B-2-~~BP~~leasPlePlease attach a complete description of the methods utilized to authenticate these transactions.**

I. Client Services

1. Do any clients require the Applicant to be bonded or carry crime insurance? Yes No
 N/A

If "Yes", please explain and specify the amount: _____

The provision of this information is not an application or proposal by the Applicant for coverage in the amount specified nor does receipt of this information by the Company constitute an agreement that coverage in the amount specified, or in any amount whatsoever, will be afforded.

2. Does the Applicant have custody or control over any funds, accounts, or materials of any of its clients? Yes No

If "Yes", please describe: _____

3. Do the Applicant's employees have access to any client(s) accounting, payroll or purchasing systems? Yes No
 N/A

J. Loss Experience

List all employee theft, burglary, robbery, forgery, computer fraud or other crime losses discovered by the **Applicant** in the last five years, itemising each loss separately (attach additional pages if necessary):

Check if none

	Include controls that were circumvented, controls that were missing, and steps taken to remedy the causes of the loss		Please indicate whether or not the loss was covered under another insurance policy and include the carrier's name	
Date of Loss (DD/MM/YYYY)	Description of Loss	Total Amount of Loss	Covered: Yes or No?	Carriers' Name
_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

K. Previous Crime Insurance

Insurer	Limits	Retention	Policy Period (MM/DD/YYYY)
	\$ _____	\$ _____	To: _____

L. Please attach the following additional information:

- Requested details on all joint ventures, subsidiaries or mergers and acquisitions for which you are requesting coverage;
- A copy of the Internal Auditors' Audit Plan for the current year;
- A copy of the most recent audited financial statements;
- A copy of the most recent External Auditor's letter to Management on internal controls, together with Management's response;
- A full description of your operations;
- An explanation of any "No" answers referenced in the application; and,
- Details on internal controls for high value goods, if applicable.

III. Notice

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

IV. Material Information

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

V. False Information

Any person who, knowingly and with the 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.

VI. Declaration and Signature

For the purposes of this Application, the undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the

statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing any policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

This Application must be signed by the Risk Manager or other person responsible for purchasing this insurance.

dd/mm/yyyy

Date

Signature

Title

