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BOND & CRIME PACKAGE: RENEWAL APPLICATION

INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms;
2. Sign and date the completed form;
3. Please provide a copy of your most recent audited financial statement and Certificate of Incorporation along with your completed application.
4. 5 Year Claims Experience Letter(s).

GENERAL INFORMATION

ORGANIZATION NAME:

MAILING ADDRESS:

CITY:

POSTAL CODE:

CONTACT PERSON:

PHONE NO.:

POSITION:

EMAIL:

1. Is your organization registered as a not-for-profit entity? ☐ Yes ☐ No
2. Your organization is a: ☐ Society ☐ School ☐ AB Seniors Housing ☐ Other: _____
3. Gross Revenue: \$ _____

COVERAGE REQUIRED

Please see attached schedule to confirm limits. If higher limits are required, please contact our office.

1. Total No. of Employees: _____
2. Have there been any changes to your Employment Practises procedures? ☐ Yes ☐ No
3. Have there been any changes in your Computer Systems controls? ☐ Yes ☐ No
4. Have there been any changes in your Funds Transfer procedures? ☐ Yes ☐ No
5. If coverage is carried under Insuring Agreements II (inside robbery) or III (outside robbery):
 - a. 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: _____

 - b. At least _____ employees will be on duty therein; and _____ daytime watchmen or guards, with no other duties, will also be on duty therein.
 - c. A holdup alarm system connecting with an outside central station _____ installed and _____ be
(is / is not) (will / will not)
connected and maintained in proper working order. If connected to an alarm monitoring station, the company name is _____
 - d. Maximum amount of money and securities on the premises daily:
Money (not payroll): \$ _____ Securities: \$ _____ Payroll: \$ _____

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COVERAGE REQUIRED (CONT'D)

- e. Is payroll paid to employees the same day it is received? ☐ Yes ☐ No
6. When the principal premises are closed for business, the money and securities (including payroll) will be kept within the following described safes, chests or vaults or night depository, and the following alarm or watchmen service will be afforded:

SAFES

MAKER OF SAFE:	ULC LISTING NO.:	ULC CLASSIFICATION:
<hr/>		
RELOCKING DEVICE: <input type="checkbox"/> Yes <input type="checkbox"/> No	BRAND & MODEL OF RELOCKING DEVICE:	
<hr/>		
CONSTRUCTION MATERIAL (INDICATE TYPE AND THICKNESS):	MAXIMUM \$ AMOUNT: _____	
DOORS: _____ WALLS: _____	MONEY & SECURITIES: \$ _____	
TOP: _____ BOTTOM: _____	SECURITIES ONLY: \$ _____ PAYROLL: \$ _____	
<hr/>		
WEIGHT:	ANCHORED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>		

VAULTS

MAKER OF VAULT DOOR:	ULC LISTING NO.:	ULC CLASSIFICATION:
<hr/>		
RELOCKING DEVICE: <input type="checkbox"/> Yes <input type="checkbox"/> No	BRAND & MODEL OF RELOCKING DEVICE:	
<hr/>		
CONSTRUCTION MATERIAL (INDICATE TYPE AND THICKNESS):	MAXIMUM \$ AMOUNT: _____	
WALLS: _____ ROOF: _____	MONEY & SECURITIES: \$ _____	
FLOOR: _____	PAYROLL: \$ _____ SECURITIES ONLY: \$ _____	
<hr/>		
THICKNESS OF VAULT DOOR:	WEIGHT:	
<hr/>		

ALARM SYSTEMS

ULC LISTED: <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', complete this section.	CERTIFICATE NO.:
<hr/>	
TYPE OF CERTIFICATE: <input type="checkbox"/> CENTRAL <input type="checkbox"/> FULL SERVICE MONITORING <input type="checkbox"/> SHARED SERVICE MONITORING <input type="checkbox"/> LOCAL	
<hr/>	
LISTED ALARM COMPANY NAME(S):	
<hr/>	
<hr/>	
FULL ADDRESS:	
<hr/>	
TYPE OF INSTALLATION:	
<input type="checkbox"/> PREMISES <input type="checkbox"/> PREMISES, SAFE <input type="checkbox"/> PREMISES, VAULT	EXTENT OF PROTECTION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
<input type="checkbox"/> PREMISES, SAFE & VAULT <input type="checkbox"/> SAFE <input type="checkbox"/> VAULT	
<input type="checkbox"/> SAFE & VAULT	SERVICE RESPONSE: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III
<hr/>	
LINE SECURITY: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	GUARD RESPONSE (CENTRAL STATION ONLY): <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III
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ALARM SYSTEMS (CONT'D)

DATE OF LAST TEST:

EXPIRY DATE OF CERTIFICATE:

Private Watchman (Watchmen) employed exclusively by the Applicant will be on duty within the premises at all times when the premises are not regularly open for business while this policy is in force. State number of watchmen:

Each such watchman will:

- Register at least hourly on a watchman's clock
- Signal an outside central station at least hourly

If night depository used, state name and location of bank: _____

7. Money and securities, while being conveyed outside the principal premises, will be conveyed by messengers, paymasters, collectors, deliverymen or salesmen (defined in the policy as messenger) and protected as follows:

MAX. NO. OF MESSENGERS OUTSIDE PREMISES AT ANY ONE TIME	MAX. AMOUNT OF CONVEYED BY EACH MONEY & SECURITIES	NO. OF GUARDS WITH EACH	TYPE OF CONVEYANCE USED BY EACH	CONSTRUCTION OF MESSENGER SAFE, BAG, OR SACHEL USED BY EACH
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8. Securities are contained within a leased safe deposit box or boxes in a _____ vault of _____
(fire rated / burglar-resistant rated) (to be called the Depository*)

at _____
(Street and Number) (City or Town) (County) (Province)

9. Do you own or lease an ATM on any premises? ☐ Yes ☐ No
- a. If 'yes', are you responsible for insuring the ATM machine and cash? ☐ Yes ☐ No
- b. ATM Value: \$_____ Cash Value: \$_____
- c. Does the ATM have a continuous recording device? ☐ Yes ☐ No
- d. Is your crime limit adequate to cover the amount inside the ATM machine? ☐ Yes ☐ No, increase to: _____

INTERNAL PROCEDURE

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:

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

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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