



Specialty Solutions Insurance Crime Coverage – Renewal Application

In order to obtain a quotation, the following documents are mandatory:

- Latest Audited Consolidated Financial Statements, Review Engagement or Notice to Reader (if required – see Financial Information section)
- Organizational chart with percentage of ownership of subsidiaries (only if Organization has subsidiaries)
- Additional details on separate sheet when required below

Applicant/General Information

1. Name of the Organization applying for this insurance (if the Organization has subsidiaries, give the name of the Parent Organization only):

Organization's Mailing Address: _____

Policy Number: _____ Renewing On: _____

2. Since the last application completed, does the Organization have any newly acquired subsidiaries or affiliated companies? Yes ☐ No ☐

If "Yes", please provide an organizational chart listing all subsidiaries and affiliated companies including percentage of ownership, nature of operations and country of incorporation for each. Whenever used in this application, Proposed Organizations shall mean the Parent Organization and its subsidiaries and affiliated companies.

3. Please complete the below table per jurisdiction for the Proposed Organizations:

Jurisdiction	Type of Operations	Revenue as at	Number of Locations	# of Employees	# of Volunteers	# of Independent Contractors
Canada						
USA						
Other (Specify)						

4. What percentage of your employees, volunteers, independent contractors, and revenue are from Alberta?

Percentage of Total: Employees: _____ % Volunteers: _____ %

Independent Contractors: _____ % Revenue: _____ %

5. Are any of the Proposed Organizations presently involved or are considering being involved in the next twelve (12) months in any of the following:

(a) merger or consolidation with another entity? Yes ☐ No ☐

(b) acquisition of another entity or tender offer? Yes ☐ No ☐

(c) sale, dissolution or divestiture? Yes ☐ No ☐

If "Yes" to one (1) or more questions above, please provide full details:

6. Have there been any changes over the last twelve (12) months to the nature of your operations, your locations, or your policies, procedures or controls (including but not limited to audits, funds transfers, inventory management, and employment practices)? Yes ☐ No ☐

If "Yes" to the question above, please provide full details on a separate sheet.

7. Confirm the following for all Insured entities (include subsidiaries):

(a) Is there a separation of duties between individuals reconciling bank accounts and those issuing/authorizing cheques or preparing bank deposits? Yes ☐ No ☐

(b) Is the review/approval of at least (two) 2 authorized employees required at all times prior to transferring funds? Yes ☐ No ☐

(c) Is every request to change client, vendor or supplier account information (including all bank account information, invoice changes, telephone or telefacsimile numbers, location and contact information) verified prior to implementation of the requested change by a direct call to the client, vendor or supplier using a telephone number provided by the client, vendor or supplier before the change request was received?

Yes ☐ No ☐

8. Financial Information:

(a) Consolidated revenues under \$25MM?

Yes ☐ No ☐

(b) Positive net income for the last two (2) fiscal years?

Yes ☐ No ☐

(c) Limits of liability of \$5MM requested or less?

Yes ☐ No ☐

If "Yes" to all three (3) above, then please complete the below financial table and no financial statements are required to be provided to the Insurer.

If any of these items are not met, do not complete the table and please attach the latest consolidated financial statements.

	Most Recent Fiscal Year End (Month: / Year:)	Prior Fiscal Year End (Month: / Year:)
Current Assets		
Total Assets		
Owner's/Shareholders Equity (Deficit)		
Revenues		
Net Income (Loss)		

9. Have any of the Proposed Organizations in the past three (3) years, presently, or in the next twelve (12) months anticipate to:

(a) seek protection under the "Companies Creditors Arrangement Act" or similar foreign legislation?

Yes ☐ No ☐

(b) be involved in a bankruptcy proceeding, reorganization or other arrangement with creditors under law?

Yes ☐ No ☐

10. Have any recommendations from an outside audit addressing material weaknesses with respect to internal controls **not** been implemented?

Yes ☐ No ☐

If "Yes" to one (1) or more of questions 9 or 10 above, please provide full details:

Loss History

Has there been any employee theft, forgery, computer fraud, social engineering or other crime losses discovered by the Proposed Organizations within the prior Policy Period whether or not reported to the insurer?

Yes ☐ No ☐

If "Yes", please attach a list and itemize each loss separately with the date of loss, description of loss, amount of loss and post loss measures implemented by the Proposed Organization and indicate whether or not the loss was covered under another insurance policy.

Crime Insurance Coverage

1. Is the Proposed Organization requesting any changes to the coverage currently purchased (including scope of coverage, limits of liability, or deductibles)?

Yes ☐ No ☐

If "Yes" please detail the changes you would like to see:

Please note that depending on the nature of the changes being requested, additional underwriting information may be required.

2. Does the Proposed Organizations require Social Engineering Fraud coverage on renewal?

Yes ☐ No ☐

If "Yes" and either it is the first time purchasing the coverage, or your expiring limit is above \$50,000, please complete a SOCIAL ENGINEERING SUPPLEMENTAL APPLICATION.

3. If not already purchased, does the Proposed Organization require a separate ERISA bond to be issued for any pension plan or employee benefit plan domiciled in the USA?

Yes ☐ No ☐

If "Yes", please complete a separate ERISA BOND APPLICATION for each Plan that requires a policy.

4. Does the Proposed Organization require Client Property (Third Party) coverage on renewal?

Yes ☐ No ☐

If "Yes", please complete a THIRD PARTY SUPPLEMENTAL APPLICATION.

Declaration for the Application

The undersigned designated as an officer of the Organization:

- (a) declares that they have been duly authorized by the Organization to complete this Application and that all statements and representations contained herein are true and complete;
- (b) reasonable efforts have been made to obtain sufficient information from each person proposed for this insurance in order to complete this Application properly and accurately;
- (c) the financial statements submitted with this Application reflect the current financial situation of the Organization and its subsidiaries (if this is not the case, please provide details on a separate sheet).
- (d) acknowledge that these statements, representations and information submitted are relied on by Intact Insurance and shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be issued.
- (e) agreed that if between the date of this Application and the effective date of the Policy, the statement and information contained in this Application change in any way, they will immediately advise Intact Insurance in writing and, without prejudice to any other legal remedy available to it, Intact Insurance may modify or withdraw any outstanding quotation or any authorization or agreement to bind;
- (f) acknowledges this application and all documents attached hereto shall be form part of the Policy and shall be the basis of the contract, should one be issued.

It is agreed that the statements, representations and attached supplemental information submitted contained with this Application are true and the basis of the Policy contract. Terms and conditions, including limits of coverage, offered by Intact Insurance, may differ from those applied for from the Applicant. It is further agreed that this Policy shall not be voided, rescinded or coverage excluded as a result of any untrue statement in the Application, except as to the Organization, its Subsidiaries and those Insured Persons making such statement or having knowledge of its untruth.

Signature

Position (Chief Executive Officer, Chairman or General Counsel)

Date

Organization