**APPLICATION
QUESTIONNAIRE FOR A FINANCIAL INSTITUTION BOND
FORM NO. 24**

|  |
| --- |
| **ATTACH TO THIS APPLICATION:** |
|  |
| 1. | MOST RECENT AUDITED FINANCIAL STATEMENTS INCLUDING ANNUAL REPORT; |
|  |  |
| 2. | ORGANIZATIONAL CHART WITH PERCENTAGE OF OWNERSHIP AND NATURE OF BUSINESS OF EACH ENTITY AND THEIR ADDRESS; |
|  |  |
| 3. | LATEST EXTERNAL AUDITOR’S LETTER TO MANAGEMENT ON INTERNAL CONTROLS AND MANAGEMENT’S RESPONSE OR  |
|  |  |
| 4. | A LETTER DIRECTLY FROM YOUR AUDITOR STATING ONE WAS NOT ISSUED. |
|  |  |
| **ALL QUESTIONS MUST BE ANSWERED. DO NOT LEAVE ANY BLANK OR ANSWER ANY AS N/A.** |
|  |  |  |  |  |
| Application is hereby made by:  |       |
|  |  |
|  |       |
|  |  |
|  |       |
|  |  |
| (List ALL INSUREDS to be covered, including employee benefit plans and do not use general phrases such as all subsidiary, or owners or manage or controlled, or affiliated or associated, and so on…) |
|  |  |
| Principal Address:  |       |  |       |
|  | (No.) | (Street) |
|  |  |
|  |       |  |       |  |       |
|  | (City) | (Province) | (Postal Code) |
|  |  |
| (herein called Insured) for a Primary [ ] ; Excess [ ] ;  |
|  |
| **Financial Institution Bond, Form 24**, to become effective as of: 12:01 a.m. on |       | to 12:01 a.m. on |       |
|  |  |
| **SECTION A** |
|  |  |  |
| 1. | Date Insured was established:  |       |
|  |  |  |
|  | Name of prior Carrier: |       |
|  |  |  |
| 2. | For all Named Insureds, show the total number of: |
|  |  |
|  | (a) | Officers and employees, retained attorneys and persons provided by employment contractors: |  |
|  |
|  | within Canada: |       | in the U.S., Puerto Rico and Virgin Islands: |       | Other: |       |
|  |
|  | (b) | Banking locations (other than the Home Office of the first Named Insured): |  |
|  |
|  | within Canada: |       | in the U.S., Puerto Rico and Virgin Islands: |       | Other: |       |
|  |  |
|  | (c) | Limited banking facilities: |  |
|  |
|  | within Canada: |       | in the U.S., Puerto Rico and Virgin Islands: |       | Other: |       |
|  |  |
|  | (d) | Non-banking locations: |  |
|  |
|  | within Canada: |       | in the U.S., Puerto Rico and Virgin Islands: |       | Other: |       |
|  |
|  | (e) | Banking locations, limited banking facilities and non-banking locations outside of Canada, the U.S., Puerto Rico and Virgin Islands,list below: |
|  |
|  |  | **Location** | **Location** |
|  |  |  |  |
|  |  |       |       |
|  |  |  |  |
|  |  |       |       |
|  |  |  |  |
|  |  |       |       |
|  |  |  |  |
| 3. | Complete the following: |
|  |  |  | **Total Assets** | **Total Deposits** | **Total Loans & Discounts** |
|  |  |  |  |  |  |
|  | (a) | As the latest December 31 | $      | $      | $      |
|  |  |  |  |  |  |
|  | (b) | As of latest June 30 | $      | $      | $      |
|  |  |  |

|  |  |
| --- | --- |
| 4. | Complete the following for forms and amounts of optional coverage desired: |
|  | (Actual Amount to be provided may be different than requested and will be indicated in the Declarations of the Bond) |
|  |  |  |  |
|  |  |  | **Basic Form of Coverage** | **Amount** |
|  |  |  |  |  |
|  | (a) | (i) | Basic Bond Coverage: Insuring Agreements A, B and C: | $      |
|  |  |  |  |  |
|  |  | (ii) | Present Deductible Amount or Amount required: | $      |
|  |  |  |  |
|  |  | **Form of Coverage** |
|  |  |  |
|  | (b) | Is Insuring Agreement D – Forgery or Alteration Coverage desired? | Yes [ ]  No [ ]  |       $      |
|  |  |  |  |  |
|  | (c) | Is Insuring Agreement E – Securities Coverage desired? | Yes [ ]  No [ ]  |       $      |
|  |  |  |  |  |
|  |  | If “Yes”, is Loan Participation Coverage desired? | Yes [ ]  No [ ]  |       $      |
|  |  |  |  |  |
|  | (d) | Is Trading Loss Coverage desired? | Yes [ ]  No [ ]  |       $      |
|  |  |  |  |  |
|  | (e) | Is Extortion – Threats to Persons Coverage desired? | Yes [ ]  No [ ]  |       $      |
|  |  |  |  |  |
|  | (f) | Is Extortion – Threats to Property Coverage desired? | Yes [ ]  No [ ]  |       $      |
|  |  |  |  |  |
|  | (g) | Is Fraudulent Real Property Mortgages Coverage desired? | Yes [ ]  No [ ]  |       $      |
|  |  |  |  |  |
|  | (h) | Is Computer Systems Coverage desired? | Yes [ ]  No [ ]  |       $      |
|  |  |  |  |  |
|  |  | If “Yes”, complete the following: |  |  |
|  |  |  |  |  |
|  |  | (1) | Check Computer Systems to be covered: |  |
|  |  |  |  |  |  |
|  |  |  | a. | An automated Clearing House Association that is a member of N.A.C.H.A. | [ ]  |
|  |  |  |  |  |  |
|  |  |  | b. | Fed Wire | [ ]  |
|  |  |  |  |  |  |
|  |  |  | c. | Additional Systems: Bank Wire [ ]  ; C.H.I.P.S. [ ]  ; S.W.I.F.T. [ ]  ; Your Proprietary System [ ]  |
|  |  |  |  |  |  |
|  |  | Other Systems excluding leased, shared or other Automated Teller Machine Systems not accessed to your Proprietary System, list below:  |
|  |  |  |
|  |  | **Name** |
|  |  |  |
|  |  |       |
|  |  |  |
|  |  |       |
|  |  |  |
|  |  |  | d. | Leased, shared or other Automated Teller Machine Systems not accessed to our Proprietary System, list below: |
|  |  |  |
|  |  | **Name** | **No. of Machines** |
|  |  |  |  |
|  |  |       |       |
|  |  |  |  |
|  |  |       |       |
|  |  |  |  |
|  |  | (2) | If coverage on your Proprietary System is desired, complete the following:  |
|  |
|  |  |  | a. | Number of independent software contractors or service bureaus authorized to design, develop, prepare, supply, service, write or implement programs for your Proprietary System: |       |
|  |  |  |  |  |  |
|  |  |  | b. | Is customer access to your Proprietary system, except by Automated Teller Machine, permitted? | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |
|  |  |  | c. | Number of unattended Automated Teller Machines accessed to your Proprietary System? |       |
|  |  |  |  |  |  |
|  | (i) | Is coverage desired on businesses engaged in the data processing of your cheques or other accounting records? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  |  | If “Yes”, list below the name and location of each data processor: |  |
|  |  |  |  |
|  |  | **Name & Location** | **Name & Location** |
|  |  |  |  |
|  |  |       |       |
|  |  |  |  |
|  |  |       |       |
|  |  |  |  |
|  |  |       |       |
|  |  |  |  |
|  | (j) | Is Servicing Contractors Coverage desired? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  |  | If “Yes”, complete the following: |  |
|  |  | (**NOTE:** Servicing Contractors service your real estate mortgages, home modernization loans or manage your real property.) |
|  |  |  |  |
|  |  | **Name & Location** | **Amount of Coverage** |
|  |  |  |  |
|  |  |       | $      |
|  |  |  |  |
|  |  |       | $      |
|  |  |  |  |
|  |  |       | $      |

|  |  |  |  |
| --- | --- | --- | --- |
|  | (k) | Is coverage desired on your appointed or elected agents, whether thy be persons, partnerships or corporations (other than servicing contractors or data processors) performing any act or service in connection with the ordinary conduct of your business? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  |  | If “Yes”, list below the name, location and amount of coverage on each agent:  |  |
|  |  |  |  |
|  |  | **Name & Location** | **Amount of Coverage** |
|  |  |  |  |
|  |  |       | $      |
|  |  |  |  |
|  |  |       | $      |
|  |  |  |  |
|  |  |       | $      |
|  |  |  |  |  |
| 5. | Are you a direct participant in a depository for the central handling of securities? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | If “Yes”, list below the name and location of each such depository: |  |
|  |  |  |
|  | **Name & Location** | **Name & Location** |
|  |  |  |
|  |       |       |
|  |  |  |
|  |       |       |
|  |  |  |
|  |       |       |
|  |  |  |  |
| 6. | If coverage is being written on an excess or co-surety basis, show names of other Insurers, bond amounts, premium and deductible: |
|  |  |
|  |       |
|  |  |  |  |
|  |       |
|  |  |  |  |
| 7. | Are deposits insured by the Canadian Deposit Insurance Corporation? | Yes [ ]  No [ ]  |
|  |  |  |  |
| 8. | **AUDIT PROCEDURES:** |  |
|  |  |  |
|  | **External Audit** |  |
|  |  |  |  |
|  | (a) | (i) | Is there an annual audit by an independent firm or Chartered Accountants (C.A.)? | Yes [ ]  No [ ]  |
|  |
|  |  | (ii) | If “Yes”, is it a complete audit made in accordance with generally accepted auditing standards andso certified? | Yes [ ]  No [ ]  |
|  |
|  |  | (iii) | If the answer to (a) is “No”, explain the scope of the C.A.’s examination: |  |
|  |  |  |  |
|  |  |  |       |  |
|  |  |  |  |
|  | (b) | Is the audit report rendered directly to the Board of Directors? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (c) | Name and location of C.A.:  |       |  |
|  |  |  |  |
|  | (d) | Date of completion of the last audit by C.A.:  |       |  |
|  |  |  |  |
|  | (e) | Has there been any change in outside auditing firm in the last 3 years? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (f) | Are money and securities physically counted and verified? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (g) | Are the ledger balances to the credit of customers verified? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | **Internal Audit** |  |
|  |  |  |  |
|  | (h) | (i) | Is there an Internal Audit Department? | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  |
|  |  |  | Number of Employees: |       | Position reported to: |       |  |
|  |
|  |  | (ii) | If “Yes”, are monthly reports rendered directly to the Board of Directors? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  |  | (iii) | Is there an “Audit Procedures” manual? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (i) | Are money and securities physically counted and verified? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (j) | Are the ledger balances to the credit of customers verified? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (k) | What is the frequency of internal audit review of branches? |       |  |
|  |  |  |  |
| 9. | **INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):** |  |
|  |  |  |  |
|  | (a) | Are countersignatures on all cheques required? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  |  | If “No”, please explain:  |       |  |
|  |  |  |  |
|  | (b) | Are cheques, drafts, money orders, etc. numbered and accounted for? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (c) | How are cheques guarded to avoid loss or misplacement? |       |  |
|  |  |  |  |
|  | (d) | If cheque-signing machines are used, describe control over signature plates: |  |
|  |  |  |
|  |  |       |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | (e) | Are all incoming cheques and drafts immediately endorsed “for deposit only”? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (f) | Is there a Security Manual in each premises detailing procedures in the event of robbery, burglary, kidnapping, extortion, etc.? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (g) | Are there operation manuals or other written instruction covering all aspects of your business which clearly define and the duties of each employee? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (h) | Is there a formal, planned program requiring segregation of duties so that no single transaction can be fully controlled from origination to posting by one person? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (i) | Is a permanent record maintained of all incoming and outgoing registered mail and is this handled jointly bytwo people? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (j) | Is there a strict policy against the signing of any certificates of deposit, drafts or official cheques in blank? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (k) | Is the night depository under dual control with respect to the following: |  |
|  |  |  |  |  |
|  |  | (i) | Opening of depository? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  |  | (ii) | Opening of deposits? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  |  | (iii) | Counting and listing deposits? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (l) | Does each branch manager complete a monthly branch “Control Questionnaire”? | Yes [ ]  No [ ]  |
|  |  |  |
|  |  | Please provide a copy if available. |
|  |  |  |
| 10. | **ACCOUNTING PROCEDURES** |  |
|  |  |  |  |  |
|  | (a) | Are trial balances prepared regularly by persons other than those responsible for the maintenance of the related bookkeeping records? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (b) | Do all record corrections require that initial of an officer? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (c) | Are complete individual records maintained of all charged-off assets and reviewed at least annually? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (d) | Are dormant accounts segregated and reviewed periodically? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (e) | Are “due from bank” accounts reconciled by a person who does not have authority to sign cheques? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (f) | Are new loan notes totalled daily and balanced to the general ledger? | Yes [ ]  No [ ]  |
|  |  |  |  |
| 11. | **SAVINGS AND CURRENT ACCOUNTS** |  |
|  |  |  |  |
|  | (a) | Are complete manuals for training and reference available in the branches? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (b) | Are teller over-rides reviewed by the accountant daily for proper authority? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (c) | Are mail deposits opened by a person who does not post deposits? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (d) | How are the clearings delivered to the clearing house or bank? |  |
|  |  |  |  |
|  |  |       |  |
|  |  |  |  |
|  | (e) | Does each teller have a robbery alarm button or pedal? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (f) | Are cashiers provided with “Bait” or “Decoy” money which consists of currency notes, the denominations and serial numbers having been recorded or verified? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (g) | Are all tellers required to lock all cash in their cash drawers whenever the station is unattended? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (h) | Are the contents of all cash drawers verified on a:  | * Periodic complete cash count basis?
 | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  |  |  | * Daily cash limit basis?
 | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (i) | When cash deliveries are received at branches, are the funds immediately counted by at least two supervisors? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  |  | If “No”, please explain:  |       |  |
|  |  |  |  |
|  | (j) | Do staff members carry cash to or from other institutions or other branches? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (k) | Are tellers’ blotters “test posted” occasionally by someone in the branch independent from the tellers? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (l) | Are manager’s personal accounts, mortgages & loans reviewed and controlled by head office? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (m) | Is a report on loans and overdrafts in excess of manager’s limit prepared within the branch by someone other than the manager? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (n) | Is a daily report of overdrafts prepared by someone other than the approving officer? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  |  | Who reviews this report? |       |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | (o) | When large accounts are overdrawn, are they checked for irregularities? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (p) | Does the auditor or an experienced officer periodically scrutinize the accounts for an unusual activity orfrequent overdrafts? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (q) | Are customers prohibited from drawing against uncollected funds? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (r) | To whom are client reports about discrepancies reported? |       |  |
|  |  |  |  |
| 12. | **MORTGAGES** |  |
|  |  |  |  |
|  | (a) | Are staff mortgages administered within the staff member’s own branch? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (b) | Is a manual available which documents procedures? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (c) | Is use of clients’ solicitors permitted for registering mortgages? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  |  | Any restrictions?  |       |  |
|  |  |  |  |
|  | (d) | Is site inspection required for all mortgages? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (e) | Is use of pre-authorized cheques mandatory? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (f) | How many months’ arrears are allowed before a lawyer is engaged? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (g) | Is it standard procedure that no disbursements on mortgages are made until after lawyers’ certificate is received? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (h) | What is the largest loan or mortgage that can be approved entirely within a typical branch? |  |
|  |  |  |  |
|  |  |  |       |  |
|  |  |  |  |
|  | (i) | Are appraisals of real property made by an outside firm? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  |  | If “No”, please explain:  |       |  |
|  |  |  |  |
| 13. | **LOANS AND DISCOUNTS** |  |
|  |  |  |  |
|  | (a) | Are note initialled and approved by the officer making the loan? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (b) | Are notes disbursed by an employee other than the loan officer? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (c) | Are new notes disbursed only by official cheque or deposit, never cash? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (d) | Are tellers required to hand proceeds of cheques issued in disbursement of loans directly to the borrower – never to the loan officer or other employee? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (e) | Are customers’ notices mailed by a person other than the loaning officer or note teller? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (f) | Is collateral under dual control? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (g) | Has the collateral which has been secured for the repayment of loans been verified as genuine prior to the loan being approved? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (h) | Are loans permitted to Directors and Officers or to major shareholders or their families, or other companies with whom such persons are associated or have an interest? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  |  | If “Yes”, are all loans handled by officers totally unconnected with the borrowers? | Yes [ ]  No [ ]  |
|  |  |  |  |
| 14. | **FORGERY** |  |
|  |  |  |  |
|  | (a) | Are co-signers of note required to sign in the presence of an officer or employee? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (b) | If signatures are permitted off the premises, must they be notarized? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (c) | If signatures of co-signers are obtained off the premises, are such co-signers contacted before the proceeds of loans are released? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (d) | Are securities accepted as collateral check with the securities validation system or otherwise verified? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (e) | Are signatures on withdrawal slips verified through comparison with the signature registry? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (f) | Do cheques in excess of a specified amount require approval of an officer before cashing? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (g) | Are tellers instructed to be on the alert for the cashing of numerous payroll cheques for one person which are alleged to have been indorsed by the payee? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (h) | Are signatures verified as to authenticity with respect to loans involving: |  |
|  |  |  |  |  |
|  |  | a. | Warehouse receipts? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  |  | b. | Assignment of accounts receivable? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (i) | Are new accounts confirmed by means of direct correspondence? | Yes [ ]  No [ ]  |

|  |  |  |
| --- | --- | --- |
| 15. | **PERSONNEL** |  |
|  |  |  |  |
|  | (a) | Do you obtain from each person at time of employment and keep on file a complete consecutive statement of all business connections for at least 5 years preceding employment by your firm? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (b) | Does that statement include: |  |
|  |  |  |  |  |
|  |  | a. | The employee’s reason for leaving each prior employment? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  |  | b. | Whether each employment was part-time or full-time? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  |  | c. | Periods of unemployment (if any) and residence while unemployed? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (c) | Does the background and reputation check of each prospective employee include personal conversations with all employers for the last 5 years? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (d) | Who verifies and investigates the information received on each prospective employee? |  |
|  |  |  |  |
|  |  |       |  |
|  |  |  |  |
| 16. | **ELECTRONIC DATA PROCESSING** |  |
|  |  |  |  |
|  | (a) | Are E.D.P. programs, including their alterations and applications properly documented? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (b) | Does program alteration and amendment have formal authorization from the data processing manager and from the user department? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (c) | Does the audit program (either internal or external) confirm compliance with laid down procedures? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (d) | Are the duties of programmers and console operators separated? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (e) | Is output reconciled by persons who do not prepare the input or process it? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (f) | Is your E.D.P. System programmed to detect attempts to draw against uncollected funds and unusual account activity? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (g) | If the bank operates a service centre, does an auditor check computer time and trace charges into the income account?  | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (h) | If data processing is done off the premises, does the auditor review the procedures? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  |  | What is the name of the firm? |       |  |
|  |  |  |  |  |
|  | (i) | Are there at least two employees on duty during E.D.P. shift? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (j) | Is access to E.D.P. equipment restricted to authorized personnel only? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
| **SECTION B**  |
|  |  |  |  |  |
| 1. | **EXPOSURES** |  |
|  |  |  | **(I)** | **(II)** |
|  |  |  | **Bearer or Negotiable Securities** | **Cash, Bullion, Precious Stones and similar items** |
|  | (a) | State MAXIMUM value at: |  |  |
|  |  |  |  |  |  |
|  |  | a. | Head Office | $      | $      |
|  |  |  |  |  |  |
|  |  | b. | Main Branches | $      | $      |
|  |  |  |  |  |  |
|  |  | c. | Other Locations | $      | $      |
|  |  |  |  |  |  |
|  | (b) | State MAXIMUM amount of cash: | **With any one teller/cashier** | **At the entire counter of any one location** |
|  |  |  |  |  |  |
|  |  | a. | Head Office | $      | $      |
|  |  |  |  |  |  |
|  |  | b. | Main Branches | $      | $      |
|  |  |  |  |  |  |
|  |  | c. | Other Locations | $      | $      |
|  |  |  |  |  |  |
|  | (c) | State MAXIMUM amount of cash, bearer and negotiable securities in transit at any one time: |
|  |  |  |  |  |  |
|  |  |  |  | **By Armoured Motor Vehicle** | **By Messenger(s)** |
|  |  |  |  | **Cash** | **Securities** | **Cash** | **Securities** |
|  |  |  |  |  |  |  |  |
|  |  | a. | Head Office | $      | $      | $      | $      |
|  |  |  |  |  |  |  |  |
|  |  | b. | Main Branches | $      | $      | $      | $      |
|  |  |  |  |  |  |  |  |
|  |  | c. | Other Locations | $      | $      | $      | $      |
|  |  |  |  |  |  |
| 2. | **ARMOURED MOTOR VEHICLE COMPANIES** |
|  |  |
|  | (a) | Name each armoured motor vehicle company used: |  |
|  |  |  |
|  |  |       |
|  |  |  |  |  |  |
|  | (b) | Under the terms of contract is the armoured motor vehicle company liable for all property in their custody? | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |
|  | (c) | Does the contract with the armoured motor vehicle company contain conditions requiring that adequate insurance be maintained for property in their custody? | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |
|  | (d) | In the event of a reduction in its insurance coverage is the armoured motor vehicle company required to giveyou notification? | Yes [ ]  No [ ]  |

|  |
| --- |
| **SECTION C** |
|  |  |  |  |  |  |
| 1.  | **PREMISE PROTECTION** |  |  |
|  |  |  |  |  |  |
|  | **A.** | **VAULTS** |  | **Head Office** | **Main Branches** | **Other Locations** |
|  |  |  |
|  |  |  |  |  |  |
|  | (a) | Are there vaults on the premises? | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |
|  | (b) | Are they equipped with: |  |  |  |
|  |  |  |  |  |  |  |
|  |  | (i) | A dual combination lock? | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  |
|  |  | (ii) | A time lock? | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  |
|  |  | (iii) | A lockable day gate? | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  |
|  | (c) | (i) | Are the walls, floors and ceilings of reinforced concrete and lined steel? | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  |
|  |  | (ii) | State thickness of walls |       |       |       |
|  |  |  |  |  |  |  |
|  | (d) | (i) | State the name of the manufacturer of the vault door: |       |       |       |
|  |  |  |  |  |  |  |
|  |  | (ii) | State type, age and reference number of door: |       |       |       |
|  |  |  |  |  |  |  |
|  |  | (iii) | What is the U.L. (Underwriters Laboratories) rating? |       |       |       |
|  |  |  |  |  |  |
|  | **B.** | **SAFES** |  |  |  |
|  |  |  |  |  |  |
|  | (a) | Are there safes on the premises | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |
|  | (b) | Are they equipped with a dual combination lock with a relocking device that will effectively lock the door if the safe is attacked? | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (c) | (i) | State the name of the manufacturer: |       |       |       |
|  |  |  |  |  |  |  |
|  |  | (ii) | State type, age and reference number: |       |       |       |
|  |  |  |  |  |  |  |
|  |  | (iii) | Are safes fitted with combination locks? | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  |
|  |  | (iv) | What is the U.L. (Underwriters Laboratories) rating? |       |       |       |
|  |  |  |  |  |  |  |
|  | (d) | Are safes anchored to the floor or alternatively do they weigh not less than 680 kg. (1500 lbs.) empty? | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  |
|  | **C.** | **DOORS AND WINDOWS** |  |  |  |
|  |  |  |  |
|  | (a) | Are all doors fitted with substantial locks? | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |
|  | (b) | Are all windows fitted with substantial locks or barred? | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | **D.** | **ALARMS** |  |  |  |
|  |  |  |  |  |  |  |
|  | (a) | Are there alarm systems against burglary? | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  |
|  |  | Are there alarm systems against robbery? | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (b) | Are they connected to: |  |  |  |
|  |  |  |  |  |  |  |
|  |  | (i) | Central Station? | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  |
|  |  | (ii) | Police Station? | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  |
|  |  | (iii) | Elsewhere (specify)       | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  |
|  | **E.** | **SAFE DEPOSIT BOXES** |  |  |  |
|  |  |  |  |  |  |  |
|  | (a) | (i) | How many safe deposit boxes are there? |       |       |       |
|  |  |  |  |  |  |  |
|  |  | (ii) | How many of these are rented? |       |       |       |
|  |  |  |  |  |  |  |
|  |  | (iii) | How many locations provide safe deposit facilities? |       |       |       |
|  |  |  |  |  |  |  |
|  | (b) | (i) | Are all safe deposit boxes in a separate Safe Deposit Vault? | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  |
|  |  | (ii) | If not, describe where they are kept: |       |       |       |
|  |  |  |  |  |  |  |
|  | (c) | Are all boxes under dual control? | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |  |
|  | **F.** | **OTHER PROTECTION** |  |  |  |
|  |  |  |  |  |  |  |
|  | (a) | Please specify other protection devices such as: |  |  |  |
|  |  |  |  |  |  |  |
|  |  | (i) | Camera systems: |       |       |       |
|  |  |  |  |  |  |  |
|  |  | (ii) | Electrical money traps: |       |       |       |
|  |  |  |  |  |  |  |
|  |  | (iii) | Any other security measures not mentioned herein: |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. | (a) | Has any financial institution merged into or been acquired by the Insured within the past 3 years? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  |  | If “Yes”, please supply names and dates: |  |
|  |  |  |
|  |  |       |  |
|  |  |  |  |
|  | (b) | Are any plans for merger, acquisition or consolidation currently pending or under consideration? | Yes [ ]  No [ ]  |
|  |  |  |  |
| 3. | Has there been any change in controlling ownership or management within the past three years? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | If “Yes”, explain: |       |  |
|  |  |  |  |
| 4. | Has any insurance similar to the type being requested in this application been declined or cancelled during the pastsix years? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | If “Yes”, explain: |       |  |
|  |  |  |  |
| 5.  | List all claims, similar in type to claims which could fall within the scope of the bond being applied for in this application, that have occurred during the past six years (whether reimbursed or not.) | **Check if none** [ ]  |
|  |  |
| **Date of Loss** | **Type of Loss** | **Amount of Loss** | **Amount Recovered from Insurance** | **Amount Recovered from other than Insurance** | **Amount of Loss Pending** | **Location other thanMain Office** |
|  |  |  |  |  |  |  |
|       |       | $      | $      | $      | $      |       |
|  |  |  |  |  |  |  |
|       |       | $      | $      | $      | $      |       |
|  |  |  |  |  |  |  |
|       |       | $      | $      | $      | $      |       |
|  |  |  |  |  |  |  |
|       |       | $      | $      | $      | $      |       |
|  |  |  |  |  |  |  |
| 6. | Is your corporation or anyone in your corporation, expected to be, currently is, or within the past three years, been under any special or non-standard reporting or licensing requirement or control of any sort, to any regulatory or governing bodies? | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |
|  | If the answer is “Yes”, please give complete details: |  |
|  |  |  |  |  |  |
|  | **Special Condition** | **Reason** |
|  |  |  |
|  |       |       |
|  |  |  |
|  |       |       |
|  |  |  |
|  |       |       |
|  |  |  |
|  |       |       |
|  |  |  |  |

|  |
| --- |
| **ADDENDUM**(please add here any additional information) |
|  |
|       |

|  |
| --- |
| **APPLICANT’S DECLARATION**  |
|  |
| **STAFF HONESTY** |
|  |
| To the Applicant’s best knowledge and belief, all employees while in their regular service have always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgement of the Applicant, indicates that any of the said Employees are dishonest. Such knowledge as any officer signing for the Applicant may now have in respect of his own personal acts or conduct, unknown to the Applicant, is not imputable to the Applicant.  |
|  |
| **FALSE INFORMATION** |
|  |
| Any person who, knowingly and with 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 act, which is a crime. |
|  |
| **MATERIAL CHANGE** |
|  |
| The undersigned declared that to the best of their knowledge and belief, the statements set forth herein are true and complete at the time ofthe application.  |
|  |
| The signing of this application des not bind the Insured or the Company. If there is any material change in answers to the questions provided herein prior to the policy inception, the Insured will notify the Company in writing and any outstanding quotation may be modified or withdrawn. |
|  |
| **AGREEMENT TO ISSUE POLICY IN ENGLISH** |
|  |
| **By submitting this Application in English it is acknowledged by the Proposed Insureds that it is their express request for the Policy and any future amendments and replacements, if and when issued, to be drawn up in English, and so continue unless, or until, requestedin French.** |
|  |
| En soumettant la présente **proposition** en anglais les **assurés proposés** reconnaissent qu'ils ont expressément demandé que la **police**, si elle est émise, ainsi que tout avenant ou renouvellement futur, soient rédigés en anglais, et ce, jusqu'à ce que l'assureur reçoive une demande par écrit de fournir la **police** en français. |
|  |
| **AUTHORIZATION AND SIGNATURE** |
|  |
| The Company and its agents(s) are hereby authorized to make any investigation and/or enquiry in connection with this application for insurance as it deems necessary. If coverage is bound subsequently, the Insured agrees that the Company may from time to time use and disclose any and all information it deems necessary to any authority or regulator, its lawyers, affiliates, associated, agents or representatives, as is required for the purposes of its operations.  |
|  |
| **The signatory must be the Risk Manager, the person responsible for purchasing insurance, or hold a higher position within the firm.** |
|  |  |
|  |  |
| Signed at: |      ,  | Date: |       |
|  | (City, Province) | (Day, Month, Year) |
|  |
|  |  |
|  |  |
|  |  |
|  |  |  |
|  | (Insured’s Signature) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |       |  |
|  | Name (please print) |
|  |  |  |
|  |  |  |
|  |  |
|  |       |  |
|  | Title (please print) |