**APPLICATION
QUESTIONNAIRE FOR A FINANCIAL INSTITUTION BOND
FORM NO.** **25**

|  |
| --- |
| **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 Bond, Form 25,** to become effective as of:  12:01 a.m. on |       | to 12:01 a.m. on |       |
|  |
| 1. | Insured is a (check the appropriate box): General Insurance Company [ ] ; Life Insurance Company [ ]  |
|  |
|  | Date Insured was established: |       | Name of prior Carrier: |       |
|  |
| 2. | For all Named Insureds, show the total number of: |
|  |  |  |  |
|  | (a) | Salaried officers and employees, retained attorneys and persons provided by employment contractors: |
|  |  |
|  | within Canada: |       | in the U.S., Puerto Rico and Virgin Islands: |       | Other: |       |
|  |  |
|  | (b) | Locations (other than the Home Office of the first Named Insured) where insurance operations are conducted: |
|  |  |
|  | within Canada: |       | in the U.S., Puerto Rico and Virgin Islands: |       | Other: |       |
|  |  |
|  | (c) | Locations where non-insurance operations are conducted: |  |
|  |  |
|  | within Canada: |       | in the U.S., Puerto Rico and Virgin Islands: |       | Other: |       |
|  |  |
|  | (d) | All locations outside of Canada, the U.S., Puerto Rico and Virgin Islands, where insurance and non-insurance operations are conducted, list below: |
|  |
|  |  | **Location** | **Location** |
|  |
|  |  |       |       |
|  |  |  |  |
|  |  |       |       |
|  |  |  |  |
|  |  |       |       |
|  |
| 3. | Complete the following: |
|  |  |  |  |
|  | (a) | Total Assets as of the latest December 31 | $      |  |
|  |
|  | (b) | Total Assets as of the 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: |  | $      |  |  |
|  |  |  |  |  |  |  |  |
|  |  | (ii) | Deductible Options: | (1) | $      | (2) | $      |
|  |  |  |  |  |  |  |  |
|  |  | **Optional Forms of Coverage** |  |  |  |  |
|  |  |  |
|  | (b) | Is Insuring Agreement D – Forgery or Alteration Coverage desired? | Yes [ ]  No [ ]  | $      |
|  |  |  |  |  |
|  | (c) | Is Insuring Agreement E – Securities 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. | Your Proprietary System | [ ]  | (b) | Other systems, list below | [ ]  |
|  |
|  |  | **Name** |
|  |  |  |
|  |  |       |
|  |  |  |
|  |  |       |
|  |  |  |
|  |  | (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 access to your Proprietary system by customers, agents, brokers or other outside parties permitted? | Yes [ ]  No [ ]  |
|  |  |  |  |  |  |
|  | (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** |  |
|  |  |  |  |  |
|  |  |       |       |  |
|  |  |  |  |  |
|  |  |       |       |  |
|  |  |  |  |  |
|  |  |       |       |  |
|  |  |  |
|  | **Life Insurance Companies only:** |  |
|  |  |  |
|  | If coverage on your General Agents, Soliciting Agents or Servicing Agents is desired, please complete the attached Supplemental application – Life Insurance Company – Agents Questionnaire. |
|  |  |
|  |  |  |  | **Number of** | **Amount** |
|  |  |  |  |  |  |
|  | (j) | Is Coverage on your General Agents desired? (Life Insurance Companies only) | Yes [ ]  No [ ]  |       | $      |
|  |  |  |  |  |  |
|  | (k) | Is Coverage on your Soliciting Agents desired? (Life Insurance Companies only) | Yes [ ]  No [ ]  |       | $      |
|  |  |  |  |  |  |
|  | (l) | Is Coverage on your Servicing Agents desired? (Life Insurance Companies only) | Yes [ ]  No [ ]  |       | $      |
|  |  |  |  |  |  |
| 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 and(in case of co-surety) percentage participations: |
|  |  |  |  |
|  | **NAME** | **AMOUNT** | **PREMIUM** | **DEDUCTIBLE** | **(%)** |
|  |  |  |  |  |  |
|  |       | $      | $      | $      |      % |
|  |  |  |  |  |  |
|  |       | $      | $      | $      |      % |
|  |
| 7. | **AUDIT PROCEDURES** |  |
|  | **External Audit** |  |
|  |  |  |  |
|  | (a) | (i) | Is there an annual audit by an independent firm of 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) (ii) 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 [ ]  |
|  |  |  |  |  |  |  |  |
|  |  | (ii) | Number of Employees: |       | Position reports to:  |       |  |
|  |  |  |  |  |
|  |  | (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? |       |  |
|  |  |  |  |  |
| 8. | **INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES)** |  |
|  |  |  |  |  |
|  | (a) | Is there a countersignature of all cheques and drafts, including those used in settlement of claims? | Yes [ ]  No [ ]  |
|  |  |  |  |
|  | (b) | Is there a strict policy against the signing of any cheques or drafts in blank? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  |  | If “No”, please explain: |       |  |
|  |  |  |  |  |
|  | (c) | Are incoming cheques and drafts immediately endorsed “for deposit only”? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  |  | If “No”, please explain: |       |  |
|  |  |  |  |  |
|  | (d) | Are bank reconciliations completed by person(s) not authorized to deposit or withdraw therefrom? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  |  | If “No”, please explain: |       |  |
|  |  |  |  |  |
|  | (e) | Is there a formal, planned program requiring segregation of duties so that no single transaction (including claim handling and cheques or draft issuance procedures) can be fully controlled from origination to posting byone person? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  |  | If “No”, please explain: |       |  |
|  |  |  |  |  |
|  | (f) | Does your own staff adjust policyholder claims? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  |  | If “Yes”, is there a limit to the amount of the claim which they can settle? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  |  | Please explain:  |       |  |
|  |  |  |  |  |
|  | (g) | Please provide details of any other procedures that are in place to prevent the fraudulent payment of claims by inside or outside investigators or adjusters:  |  |
|  |  |  |  |
|  |  |       |  |
|  |  |  |  |  |
|  | (h) | Please provide details of the supervision exercised over recovery procedures:  |  |
|  |  |  |  |
|  |  |       |  |
|  |  |  |  |  |
| 9. | **SECURITIES** |  |
|  |  |  |  |  |
|  | (a) | State the book value of all securities deposited with regulatory bodies: | $      |  |
|  |  |  |  |  |
|  | (b) | State the book value of all securities held on your premises: | $      |  |
|  |  |  |  |  |
|  |  | If securities are held on your premises, please provide full details on book values and physical security (safes, vaults, alarms) at each location in a separate addendum. |
|  |  |  |  |  |
|  | (c) | Describe type of deposit (safekeeping, safe deposit box) for securities lodged in other Financial Institutions (Banks, trusts): |
|  |  |  |  |
|  |  |       |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | (d) | Give the names and positions in your firm of persons who have access to your securities: |  |
|  |  |  |  |  |
|  |  | **Name** | **Position** |
|  |  |  |  |
|  |  |       |       |
|  |  |  |  |
|  |  |       |       |
|  |  |  |  |
|  |  |       |       |
|  |  |  |  |
|  | (e) | Are deposits or withdrawals of securities subject to joint control of two or more persons? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | (f) | If securities are in safekeeping, give the names and positions of persons who can sign or endorse cheques as instruments effecting or authorizing payment relating to any security transaction: |
|  |  |  |  |  |
|  |  | **Name** | **Position** |
|  |  |  |  |
|  |  |       |       |
|  |  |  |  |
|  |  |       |       |
|  |  |  |  |
|  |  |       |       |
|  |  |  |  |
| 10. | (a) | Has any financial institution merged into or been acquired by the Applicant within the past 3 years? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  |  | If “Yes”, please supply the names and dates: |  |
|  |  |  |  |
|  |  |       |  |
|  |  |  |  |
|  | (b) | Are any plans for mergers, acquisition or consolidation currently pending or under consideration? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  |  | If “Yes”, please provide details and the current status on the Addendum Page. |  |
|  |  |  |  |
| 11. | Has there been any change in controlling ownership or management within the past three years? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | If “Yes”, please explain:  |       |  |
|  |  |  |  |  |
| 12. | Has any insurance similar to the type being requested in the application been declined or cancelled during the pastsix years? | Yes [ ]  No [ ]  |
|  |  |  |  |  |
|  | If “Yes”, please explain:  |       |  |
|  |  |  |  |  |
| 13.  | 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** |
|  |  |  |  |  |  |  |
|       |       | $      | $      | $      | $      |       |
|  |  |  |  |  |  |  |
|       |       | $      | $      | $      | $      |       |
|  |  |  |  |  |  |  |
|       |       | $      | $      | $      | $      |       |
|  |  |  |  |  |  |  |
|       |       | $      | $      | $      | $      |       |
|  |  |  |  |  |  |  |
| 14. | 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** |
|  |  |  |
|  |       |       |
|  |  |  |
|  |       |       |
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|  |       |       |
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| --- |
| **ADDENDUM**(please add here any additional information) |
|  |
|       |

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| **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 of the 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, requested in 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: |       |
|  | (location) |  | (Day, Month, Year) |
|  |
|  |
|  |
|  |
|  |  |
| (Insured’s Signature) |
|  |
|  |
|  |
|  |
|       |  |
| Name (please print) |
|  |
|  |
|  |
|       |  |
| Title (please print) |