

This application is to be use by Insureds who have previously completed an APPLICATION FOR A FINANCIAL INSTITUTION BOND and any SUPPLEMENTAL APPLICATION FOR A FINANCIAL INSTITUTION BOND (if applicable), except that the bond for which such application(s) was/were completed is due to expire. It is understood that this SHORT FORM APPLICATION FOR A FINANCIAL INSTITUTION BOND is a supplement to that previously completed APPLICATION-FOR A FINANCIAL INSTITUTION BOND and any SUPPLEMENTAL APPLICATION FOR A FINANCIAL INSTITUTION BOND (if applicable) and all such forms together constitute the complete application for any new bond that may be issued.

## ATTACHED TO THIS APPLICATION

- **MOST RECENT AUDITED FINANCIAL STATEMENTS INCLUDING ANNUAL REPORTS or FORM 1;**
- **LATEST EXTERNAL AUDITOR'S LETTER TO MANAGEMENT ON INTERNAL CONTROLS AND MANAGEMENT'S RESPONSE OR A LETTER FROM YOUR AUDITOR STATING ONE WAS NOT ISSUED.**
- **WHERE NECESSARY, PLEASE ELABORATE YOUR REPLY ON A SEPARATE PAGE.**

1. Insured: \_\_\_\_\_

Other than those changes previously reported to Intact Insurance Company, are there any additions or deletions to the list of Insured(s) as originally submitted? Yes ☐ No ☐

If "Yes", please attached Addendum of changes.

2. Principal Address: \_\_\_\_\_

3. **Bond Number:** \_\_\_\_\_

4. Term of new bond: From 12:01 a.m. on \_\_\_\_\_ To 12:01 a.m. on \_\_\_\_\_

5. Total number of:

(a) Officers and employees (incl. employed Registered Representatives), retained attorneys and persons provided by employment contracts:	Within Canada	_____
	USA, Puerto Rico and Virgin Islands:	_____
	Other:	_____
(b) Agents or non-employee Registered Representatives not included in (a):	Within Canada	_____
	USA, Puerto Rico and Virgin Islands:	_____
	Other:	_____

If agents' coverage is desired, please complete the **Agents Coverage Supplemental Application – Form 14**

6. Number of Branches (excluding Head Office):

(a) In Canada:	_____
(b) In USA, Puerto Rico & Virgin Islands:	_____
(c) Other countries:	_____
<b>TOTAL NUMBER OF BRANCHES:</b>	_____

7. Total Assets Under Management / Administration: As of latest Dec. 31 \_\_\_\_\_  
As of latest June 30 \_\_\_\_\_

8. Amount of Coverage desired: ☐ No Change, or if alternate quotes are desired, please attach Addendum of limits requested.

9. List all losses, similar in type to losses 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, or whether submitted to an insurer or not).

☐ Check if None

Date of Loss	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Amount Recovered other from other than Insurance	Amount of Loss Pending	Location other than Main Office

10. Is your firm or anyone in your firm, expected to be, currently is, or has 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 "Yes", please give complete details, including who, what special conditions have been imposed, and the reason for the action having been taken (attach separately if more space is required).

11. Other than those changes which may have been reported in the answers to the preceding questions of this form, have there been any changes to the information provided in and with the last APPLICATION FOR A FINANCIAL INSTITUTION BOND and SUPPLEMENTAL APPLICATION FOR A FINANCIAL INSTITUTION BOND (if applicable) which was/were completed and signed on? Yes ☐ No ☐

(Please show date of signature of last Application)

If "Yes", please provide full details of any changes on a separate Addendum and make specific reference to the questions involved.

#### DECLARATION STAFF HONESTY

To the Insured'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 Insured indicated that any of the said Employees are dishonest.

Such knowledge as any officer signing for the Insured may now have in respect of his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

#### 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 declares 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 does 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 agent(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, associates, 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)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
(Insured Signature)

\_\_\_\_\_  
Title (please print)