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

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| This application is to be used by Insureds who have previously completed an APPLICATION – QUESTIONNAIRE FOR A FINANCIAL INSTITUTION BOND and any SUPPLEMENTAL APPLICATION – QUESTIONNAIRE 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 – QUESTIONNAIRE FOR A FINANCIAL INSTITUTION BOND is a supplement to that previously completed APPLICATION – QUESTIONNAIRE FOR A FINANCIAL INSTITUTION BOND and any SUPPLEMENTAL APPLICATION – QUESTIONNAIRE FOR A FINANCIAL INSTITUTION BOND (if applicable) and all such forms together constitute the complete application for any new bond that may be issued. | | | | | | | | | | | | | | | | | | | | |
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| **PLEASE ATTACH TO THIS APPLICATION:** | | | | | | | | | | | | | | | | | | | | |
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|  | * **MOST RECENT AUDITED FINANCIAL STATEMENTS INCLUDING ANNUAL REPORT;** * **LATEST EXTERNAL AUDITOR'S LETTER TO MANAGEMENT ON INTERNAL CONTROLS AND MANAGEMENT'S RESPONSE OR A LETTER DIRECTLY FROM YOUR AUDITOR STATING ONE WAS NOT ISSUED;** * **WHERE NECESSARY, PLEASE ELABORATE YOUR REPLY ON A SEPARATE PAGE.** | | | | | | | | | | | | | | | | | | | |
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| 1. | Insured: |  | | | | | | | | | | | | | | | | | | |
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|  | 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? If yes, please attach Addendum of changes. | | | | | | | | | | | | | | | | | | | Yes  No |
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| 2. | Principal Address: | |  | | | | | | | | | | | | | | | | | |
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| 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: | | | | | |  | | | | | | | |  |  |
|  |  | | |  |  | | | | | | | | | | |  | | |  |  |
|  |  | | | (b) | Agents or Registered Representatives not included in (a): | | | | | | | | | | |  | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | |
| 6. | Number of Branches (excluding Head Office): | | | | | | | (a) | in Canada | | | |  | | | | | |  |  |
|  |  | | | | | | |  |  | | | | | | | |  | |  |  |
|  |  | | | | | | | (b) | in U.S.A., Puerto Rico & Virgin Islands | | | | | | | |  | |  |  |
|  |  | | | | | | |  |  | | | | |  | | | | |  |  |
|  |  | | | | | | | (c) | other countries | | | | |  | | | | |  |  |
|  |  | | | | | | |  | | | | | | | | | | |  |  |
|  |  | | | | | | | TOTAL NUMBER OF BRANCHES: | | | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | |
| 7. | Amount of Coverage desired: | | | | | No Change, or If alternate quotes are desired, please attach Addendum of limits requested. | | | | | | | | | | | | | | |
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| 8. | 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 - QUESTIONNAIRE FOR A FINANCIAL INSTITUTION BOND and SUPPLEMENTAL APPLICATION - QUESTIONNAIRE FOR A FINANCIAL INSTITUTION BOND (if applicable) which was/were completed and signed on? | | | | | | | | | | | | | | | | | | | Yes  No |
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|  | **(Please show date of signature of last Application(s))** | | | | | | | | |  | | | | | | | | | | |
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|  | If "Yes", please provide full details of any changes on a separate Addendum, and make specific reference to the questions involved. | | | | | | | | | | | | | | | | | | | |

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| APPLICANTS’ DECLARATION | | | | | | |
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| STAFF HONESTY | | | | | | |
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| To the Applicant’s best knowledge and belief, all employees while in their regular service have always performed their respective duties honestly. | | | | | | |
|  | | | | | | |
| MATERIAL CHANGE | | | | | | |
|  | | | | | | |
| The undersigned represents that the information furnished in this and any supplemental application or attachment is true, correct and complete. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any bond issued in reliance upon such information. | | | | | | |
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| If there is any material change in answers to the questions provided herein prior to the inception of a policy, the Applicant will notify the Company in writing and any offer of terms and conditions may be modified or withdrawn. | | | | | | |
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| FALSE INFORMATION | | | | | | |
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| 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. | | | | | | |
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| **AGREEMENT TO ISSUE POLICY IN ENGLISH** | | | | | | |
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| **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.** | | | | | | |
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| 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. | | | | | | |
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| AUTHORIZATION AND SIGNATURE | | | | | | |
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| 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 Applicant 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 as an insurance company | | | | | | |
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| The signing of this application does not bind the Applicant or the Company. The signatory must be an officer of the Applicant, the Risk Manager or the person responsible for the firm’s insurance. | | | | | | |
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| Dated at: |  | Date: |  |  | |  |
|  | (location) |  | (Day, Month, Year) |  | |  |
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|  |  | |  |  | |  |  |
|  | Signature | |  | Print Name | |  |  |
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|  |  | |  | Title | |  |  |
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