



Application for Employee Dishonesty Coverage

Name of Applicant: _____

Principal Address: _____

1. Coverage Requested:

Coverage Form A – Employee Dishonesty _____ Limit of Insurance \$ _____

Coverage Form B – Employee Dishonesty _____ Limit of Insurance \$ _____

Proposed Effective Date: _____

2. Description of Your Organization:

a) Classify your predominant activity: Manufacturer Processor Wholesaler Distributor Retailer
 Servicer Other, explain: _____

b) Describe the products or services of your predominant business or activity: _____

c) Are you an: Individual Partnership Corporation Date your were established: _____

d) Do you want to include all subsidiaries? Yes No

Name	Business	% Owned	Date acquired/created
		%	
		%	
		%	

e) Locations:

Canada	U.S.	Other Foreign	Total

f) Has there been any change in ownership or management within the past three years? Yes No

If yes, explain: _____

3. Audit Procedures:

a) Is there an audit by an independent C.A. or equivalent authorized professional accountant? Yes No

If yes, how often?: _____

b) Are all locations audited? Yes No

If yes, how often?: _____

c) Is the audit made in accordance with generally accepted auditing standards and so reported? Yes No

If no, explain the scope of the audit: _____

d) Name and address of person or firm performing audit: _____

e) Date of completion of last audit of:

Cash, Securities and Accounts: _____ Inventory: _____

f) Were all accounts found correct and all cash, securities and merchandise found on hand or properly accounted for? Yes No

Yes No

g) If an independent C.A. is not retained, who is responsible for auditing the books? _____

h) Briefly explain the scope and limitations of such audit: _____

i) Do audit practices include examination of the computer system to ensure adequate controls? Yes No

4. Internal Controls (other than audit procedures):

- a) Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? Yes No
- b) Is countersignature of cheques required? Yes No
If no, what is the standard practice? _____
- c) Are securities subject to joint control of two or more responsible employees? Yes No
If no, what are the procedures? _____
If no, would it be possible to make arrangements for joint control? Yes No
5. Has any insurance been declined or cancelled during the past three years? Yes No
If yes, explain: _____

6. List all losses sustained during the past five years, whether reimbursed or not. Check if none

Date of Loss	Total Amount*	Description	Precautions Taken to Prevent Repetition

**Please indicate that part of any loss covered by insurance as well as any additional amount incurred by the insured.*

7. Name of prior carrier: _____

8. Rating Data:

Total number of employees: _____

- a) Ratable Employees consist of: Number of:
1. All Officers _____
 2. All Class A employees (including persons construed to be employees by endorsement, other than agent and partners) who **handle, have custody or maintain records of money, securities or other property**, including in any event those holding any position listed below. _____
 3. One percent of all others (excluding Special Class "A" Employees) _____
 4. All Special Class "A" Employees _____

Employee Classification Table	
Class "A" Employees:	Number of:
Accountants and Assistant Accountants	
Adjusters	
Administrators and Assistant Administrators	
Appraisers and Clerks acting as Appraisers	
Attorneys	
Auditors and Assistant Auditors	
Beverage Checkers	
Bookkeepers	
Bursars and Assistant Bursars	
Bus Drivers	
Buyers and Assistant Buyers	
Cashiers and Assistant Cashiers	
Chairmen	
Checkers	
Chefs, who order food	
Computer Programmers	
Comptrollers and Assistant Comptrollers	
Credit Clerks and Managers	
Custodians	

Delivery Persons	
Detectives	
Dieticians, who order food	
Drivers and Drivers' Helpers (Breweries)	
Floor Walkers	
Food Checkers and Inspectors	
Head Pharmacists	
Instructors, having custody of money or securities	
Janitors (other than Special Class "A")	
Ledger Keepers	
Locker Room Attendants	
Maitre'ds and Assistant Maitre'ds	
Managers and Assistant Managers	
Medical Directors	
Messengers, outside	
Meter Readers, who collect	
Paymasters and Assistant Paymasters	
Professors, having custody of money or securities	
Purchasing Agents and Assistant Purchasing Agents	
Receiving Clerks	
Refinery Gaugers, of Oil Companies handling refined gasoline and oils	
Salespersons (other than outside)	
Security Guards	
Service Station Attendants	
Shipping Clerks	
Stewards, who order food	
Stock Clerks	
Storekeepers	
Storeroom Employees	
Superintendents and Assistant Superintendents (other than Special Class "A")	
Supervisors and Assistant Supervisors	
Taxi Drivers	
Teachers, having custody of money or securities	
Timekeepers and Assistant Timekeepers	
Warehousemen	
Wine Cellar Employees	
Wine Stewards	
Other similar Positions	
Canvassers (door-to-door salespeople)	
Chauffeurs	
Collectors	
Demonstrators	
Drivers	
Drivers Helpers (other than breweries)	
Janitors, Superintendents of Real Estate Owners, Operators, Subdividers, Developers and Lessors	
Salespeople (outside)	
Other similar positions	

b) If excess employee dishonesty coverage for specified employees is desired, complete the following:

Name Schedule Coverage	Position Schedule Coverage			
Names of Covered Employees	Titles of Covered Positions	Location of Covered Positions	No. Employees Each Position	
				\$

9. The present officers, employees, agents and partners of the Applicant, have to the best of the Applicant's knowledge and belief, while in the service of the Applicant always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Applicant indicated that any of the said officers, employees, agents and partners are dishonest. Such knowledge as any official or officer signing for the Applicant may now have in respect to his or her own personal acts or conduct, unknown to the Applicant is not imputable to the Applicant.

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Dated at _____ this _____ day of _____

Applicant By _____
Name _____
Title _____