



BLANKET FIDELITY BOND APPLICATION

BROKER _____

COVERAGE EFFECTIVE DATE: _____ AMOUNT OF COVERAGE \$ _____

Application is hereby made by _____ (herein called the Employer)
(Exact Name of Employer)

whose principal address is _____, for a
(Number) (Street) (City) (Province)

Commercial Blanket Bond, Blanket Position Bond.

1.	(a) Nature of Employer's business.	(a)
	(b) If the Employer operates any branches, state number.	(b)
	(c) Give location of branches by attaching a separate paper if necessary.	(c)
2.	(a) Does the Employer transact business in any other premises not necessarily denominated as branches, such as affiliated or subsidiary companies? If so, give names and locations of such organizations.	(a)
	(b) Nature of business of such affiliated or subsidiary companies. (If this space is insufficient, give particulars on a separate paper, stating, in any event, whether coverage is desired on such affiliated or subsidiary companies in instances where they have separate corporate existences.)	(b)
3.	Does the Employer or any affiliated or subsidiary company sell to wholesalers, retailers or consumers? State which:	
4.	Will the Employer promptly furnish the Insurer with personal applications on forms which it will provide for the purpose, completed by employees, as they are engaged, so that the customary investigations may be made? (Please read the paragraph immediately following before answering this question.)	
Prudent and well-informed businessmen realize more and more that the rates on bonds are eventually governed by losses incurred. It has frequently been demonstrated that these investigations are an important factor in keeping losses to a minimum by the "moral restraint" resulting therefrom, and by weeding out "undesirables", to say nothing of lessening the turnover in the Employer's personnel by assisting in the selection of desirable employees. The Insurer, therefore feels it would be derelict in its duty if it did not strongly recommend that the Employer answer the preceding question affirmatively and co-operate to the fullest extent in furnishing personal applications promptly.		
5.	State what employee or employees have absolute sole custody of negotiable securities, and whether it would be practical to make arrangements so that such negotiable securities will be subject to joint control by two or more responsible employees.	
6.	(a) Will endorsement of cheques on Employer's behalf be limited to endorsement for deposit to the credit of the Employer only?	(a)
	(b) Will all cheques be invariably countersigned by another person after they are drawn?	(b)
	(c) If cheques are not so countersigned, what will be the Employer's practice? Answer fully:	(c)
7.	(a) How often will a complete audit be made of cash and accounts; and how often will a complete inventory be made of merchandise and securities belonging to the Employer or held by the Employer as collateral, or as bailee, trustee or agent?	(a)
	(b) When was such audit and inventory last made?	(b)
	(c) By whom?	(c)
	(d) Were all accounts found correct, and all cash, merchandise and securities found on hand or property accounted for?	(d)
	(e) Did the audit and inventory mentioned in subdivision (b) include branches? If not:	(e)
	(f) State how often branches will be completely audited and inventoried.	(f)
	(g) By whom?	(g)
	(h) When was the last audit and inventory of branches made?	(h)
	(i) Were all accounts then found correct, and all cash, merchandise and securities found on hand or properly accounted for?	(i)

(OVER)

8.	(a) What method of transferring cash or valuable property will be followed? (b) How will the messenger (custodian or paymaster) entrusted with cash or valuable property travel while conveying such property from one destination to another? (c) How many messengers are ordinarily employed? (d) Will the messenger or messengers always be accompanied by at least one guard? (e) Will the guard be armed? (f) If money or valuable property is at any time entrusted to an accompanied messenger, about what is the largest amount so entrusted?	(a) (b) 1. On foot? 2. By vehicle? (c) (d) (e) (f)
9.	(a) What losses, if any, has the Employer incurred within the past five years attributable to any of the causes for which indemnity will be afforded by the bond applied for? (b) What classes of employees caused such losses? (c) What remedial action has been taken to prevent a recurrence of such losses?	(a) (b) (c)
10.	(a) Attach a complete list of all employees showing their name and position. (b) Total number of employees: _____	

11. If Specific Excess Indemnity is desired on any Employee in any position included in question No. 10, complete the following:

Name of Employee	Position	Location	Amount of additional coverage desired on such Employee

Note: If this space is not sufficient for the information desired, a separate list should be attached and marked to indicate it forms a part hereof.

12.	(a) Is the number of employees, who are to be included in the bond applied for, likely to be increased substantially during the premium year because of seasonal activity or any other circumstance peculiar to the Insured's business? (b) Does the Insured contemplate any expansion of its business during the coming premium year which is likely to result in a substantial increase in the number of employees who will be included in the bond applied for?	(a) (b)
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The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There never has come to its notice or knowledge any information which in the judgement of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

It is understood that the first premium upon the bond applied for, and annual premiums thereon, are due at the beginning of each premium year, and the Insured agrees to pay all such premiums promptly.

The Insured also agrees to permit a properly accredited representative of the Insurer, at all reasonable times during the currency of the bond applied for, and within one year after its cancellation or discontinuance, to examine any books or any other records of the Insured to ascertain or verify the actual number of employees included in the bond applied for, during the time it shall have been in force and if such examination discloses that the Insurer is entitled to any additional premium because (a) of seasonal activity; or (b) any unusual increase in the number of employees, including (c) increases in employees through merger or consolidation with some other concern, irrespective of whether such increases in the number of employees are covered automatically or by Rider under the bond applied for, the Insured agrees to pay such additional premium or premiums promptly.

Where (a) an Applicant for a contract, (i) gives false particulars to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim under the contract, a claim by the Insured is invalid and the right of the Insured to recover indemnity is forfeited.

Consent

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise 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, 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 _____ 20 _____

.....
(Employer)

.....
(Title)