

# RENEWAL APPLICATION FOR CRIME INSURANCE

This RENEWAL APPLICATION is a supplement to previously completed Applications and all such forms together constitute the complete application for coverage under the Policy referenced below.

## THE FOLLOWING INFORMATION MUST BE ATTACHED TO THIS APPLICATION:

- The most recent consolidated **FINANCIAL STATEMENTS** including annual report.
- **AUDITORS LETTER TO MANAGEMENT** and management's response (if available).
- Complete organization chart showing **ALL INSURED ENTITIES (INCLUDING SUBSIDIARIES AND ALL PENSION OR EMPLOYEE BENEFIT PLANS)**.

1. Principal Applicant: \_\_\_\_\_

Are there any changes to the list of Named Insured(s) as most recently reported? Yes  No

If yes, please provide details: \_\_\_\_\_

2. Principal Address: Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

3. Policy Number: \_\_\_\_\_ Renewing at 12:01 a.m. on \_\_\_\_\_ standard time at the Principal Address

4. 

Countries in which the Insured has operations:	Number of Locations	Sales / Revenue	Number of Employees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Totals:	_____	_____	_____

5. Are you requesting any changes to the coverage you currently purchase (including scope of coverage, limits of liability, or deductibles)? Yes  No

If yes, please detail your desired changes (the underwriter may require additional information): \_\_\_\_\_

6. Have there been any changes over the last 12 months in the nature of your operations, your locations, or your policies, procedures or controls (including but not limited to audits, funds transfers, inventory management, and employment practices)? Yes  No

If yes, please provide details (the underwriter may require additional information): \_\_\_\_\_

7. Confirm the following anti-fraud controls are in place for **all Insured entities (including Subsidiaries)**:

A. Is there a separation of duties between individuals reconciling bank accounts and those issuing/authorizing cheques or preparing bank deposits? Yes  No

- B. Is there a mandatory use of countersignature requirements for all cheques? Yes  No
- C. Is every request to change client, vendor or supplier account information (including all bank account information, invoice changes, telephone or telefacsimile numbers, location and contact information) verified prior to implementation of the requested change by a direct call to the client, vendor or supplier using a telephone number provided by the client, vendor or supplier before the change request was received? Yes  No
- D. Do you require your bank's confirmation that all incoming cheques (including certified cheques), money orders, bank drafts, cashiers cheques, or similar written instruments have been fully cleared before issuing funds against them? Yes  No

If you've answered "No" to any of these questions, please detail what other controls are in place to mitigate the risks associated with these control weaknesses. \_\_\_\_\_

The **Underwriter** and its agent(s) are hereby authorized to make any investigation and/or enquiry in connection with this Renewal Application as it deems necessary. If coverage is bound subsequently, the **Insured** agrees that the **Underwriter** 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.

**The signing of this application does not bind the Insured or the Underwriter. The signatory must be an officer of the Insured, the Risk Manager or the person responsible for the firm's insurance.**

Dated at: \_\_\_\_\_ Date: \_\_\_\_\_  
*(location)* *(Day, Month, Year)*

Signature: \_\_\_\_\_ Signed by: \_\_\_\_\_

