



**FIRSTBROOK, CASSIE & ANDERSON LTD.**

1867 Yonge St., Suite 300, Toronto Ontario M4S 1Y5

Tel: 416-486-1421 Toll Free: 800-267-0281 Fax: 416-486-7035

**CANADIAN ASSOCIATION OF INSOLVENCY AND RESTRUCTURING PROFESSIONALS**

BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR CRIME INSURANCE COVERAGE WITH  
**CHUBB INSURANCE COMPANY OF CANADA (THE "COMPANY")**

COVERAGE IS UNDERWRITTEN ON A MASTER POLICY OR ON A STAND ALONE BASIS.

IF A CERTIFICATE OF INSURANCE IS ISSUED TO THE APPLICANT UNDER THE MASTER POLICY OR ON A STAND ALONG POLICY  
 COVERAGE WILL BE ON A LOSS SUSTAINED BASIS.

QUESTIONS		ANSWERS			
1.	Name and Address (including Branch Offices; attach a separate sheet if necessary)				
2.	Telephone and Fax numbers	Telephone:		Fax:	
3.	Date Firm Established				
4.	Membership standing of Principals, Partners and Firm with CAIRP				
5.	Description of Operations				
6.	Number of Employees	Class A		Class B	
		Class A <b>Employees</b> are those that handle, have custody of, are responsible for or have access to money, securities or merchandise		Class B <b>Employees</b> are all other employees	
<p><b>Employee</b> means a natural person who is:</p> <p>(A) in the regular service of an <b>Insured</b> in the ordinary course of its business and for the first sixty (60) days following termination of service, whether temporary, permanent, full-time, part-time or seasonal; and</p> <p>(B) governed and directed by an <b>Insured</b> in the performance of such service; and</p> <p>(C) compensated by an <b>Insured</b> through salary, wages or commissions.</p> <p><b>Employee</b> also includes a natural person who satisfies (A) and (B) above and who is:</p> <p>(D) not compensated;</p> <p>(E) a member of the board of directors, board of trustees, board of managers or equivalent management board of any <b>Insured</b>; or</p> <p>(F) performing <b>Employee</b> duties pursuant to a lease or other written contract to which any <b>Insured</b> is a party.</p>					
7.	Have you ever had similar insurance declined or cancelled? If YES, please give details			<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	List all losses sustained during the past three years, whether indemnified, reimbursed or not (or check None, if applicable)	<input type="checkbox"/> None			
	(a) Date of loss				
	(b) Type of loss				
	(c) Amount of loss	\$			
	(d) Amount recovered from insurance	\$			
	(e) Amount recovered from other than insurance	\$			
	(f) Amount of loss pending recovery or unrecoverable	\$			



9.	Are you currently insured? If so, state:							<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(a) Insurer								
	(b) Limit	\$							
	(c) Deductible	\$							
	(d) Premium (optional)	\$							
	(e) Expiry Date								
10.	Please indicate limit(s) desired for quotation	<input type="checkbox"/>	\$100,000	<input type="checkbox"/>	\$250,000	<input type="checkbox"/>	\$500,000		
11.	Please indicate the deductible desired for quotation	<input type="checkbox"/>	\$2,500 (Minimum)	<input type="checkbox"/>	\$5,000	<input type="checkbox"/>	Other - please indicate:		
							\$		

**GENERAL QUESTIONS**

**AUDIT PROCEDURES:**

12.	(a) Does the Applicant undergo an audit by an independent Chartered Accountant or equivalent?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "Yes", how often?								
	If "No", please explain why not								
	(b) Are all locations audited?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(c) Is the audit made in accordance with generally accepted auditing standards and so certified?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "No", explain the scope of the audit:								
	(d) Is the audit report rendered directly to the proprietor, partners if a partnership or Board of Directors if a corporation?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(e) Name of the person or firm performing the Audit								
	(f) Date of completion of the last Audit								
	(g) Is there an internal audit by an Internal Audit Department under the control of an employee who is a Chartered Accountant or equivalent?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", are the reports rendered directly to the proprietor, partners if a partnership, or Board of Directors if a corporation?							<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**INTERNAL CONTROLS (OTHER THAN AUDIT PROCEDURES):**

13.	(a) Are levels of purchasing authority established in writing within the Applicant's organization?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "No", please explain:								
	(b) Has an approved master vendor list been established?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "No", please explain:								
	(c) Are procedures in place to verify the existence and ownership of all new vendors prior to adding them to the authorized master vendor list?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "No", please explain:								
	(d) Are all invoices verified against a corresponding purchase order, receiving report, and authorized master vendor list prior to issuing payment?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "No", please explain:								
(e) Are invoices, purchase orders, and cheque runs reconciled by an independent party?							<input type="checkbox"/> Yes	<input type="checkbox"/> No	



	If "No", please explain:		
14	Are additions to the payroll system automatically reported via the computer system to an HR manager who reconciles payroll changes with new hire documentation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "No", please explain:		
15	How frequently is the payroll system audited to ensure only current and authorized employee files are in-force?		
16	Are computer access controls designed so that users cannot gain access to software programs and database files to which they have not been specifically granted access through a formal procedure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "No", please explain:		
17	Have computer access controls been implemented that include the following:		
	(a) Passwords are required to be alpha/numeric, 6-9 characters and renewed regularly? (system enforced)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "No", please explain:		
	(b) Are user IDs automatically revoked upon separation of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "No", please explain:		
	(c) Are password files encrypted for all applications and is access restricted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "No", please explain:		
OTHER:			
18	(a) Has there been any change in ownership or management within the past three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "No", please explain:		
<b>NOTICE</b>			
The <b>Applicant's</b> submission of this Application does not obligate the Company to issue, or the <b>Applicant</b> to purchase, a Certificate of Insurance under a Master Policy or stand alone Policy. The <b>Applicant</b> will be advised if the Application for coverage is accepted. Payment of the premium after quotation is necessary to bind the coverage at the limit and deductible quoted for that premium. The <b>Applicant</b> hereby authorizes the Company to make any inquiry in connection with this Application.			
<b>MATERIAL CHANGE</b>			
If there is any material change in the answers to the questions in this Application before the Certificate of Insurance or Policy inception date, the <b>Applicant</b> must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.			
<b>FALSE INFORMATION</b>			
Any person who, knowingly and with the 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 insurance act, which is a crime.			
<b>DECLARATION AND SIGNATURE</b>			
The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a Certificate of Insurance under a Master Policy or stand alone Policy providing the requested coverage be issued. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing such Certificate of Insurance under a Master Policy or stand alone Policy.			
The information provided in this Application is for underwriting purposes only and does not constitute notice to the Company under any Certificate of Insurance or Policy of a <b>Claim</b> or potential <b>Claim</b> .			
Date		Name of Person Completing Form (please print)	
Title		Signature	

2012-11