CNA

Renewal Application
Commercial Crime

Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion the Application must be signed and dated by an authorized representative of the Applicant.

NOTICES

Please note that CNA will not be liable for any amounts after the exhaustion of the applicable policy limit.

Providing information about a claim, loss, damages or potential claim in response to any question in any part of this Application does not create coverage for such claim, loss, damages or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

I.   APPLICANT INFORMATION (Applicable To All Coverages)

The Applicant to be named in Item 1. of Declarations (the "named insured"): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Website(s): _____

Telephone Number: _____

a. In the next 12 months (or during the last 12 months), indicate whether the Applicant or any Subsidiary has experienced, or anticipates any of the following:

   i.   Merger, consolidation, acquisition, or divesture?   ○ Yes   ○ No

   ii. Material changes in nature or size of operations?   ○ Yes   ○ No

iii. Bankruptcy filing or re-organization? ○ Yes ○ No

If you answered "Yes" to any of the above, please provide complete details (if additional space is needed, please attach separately: _____

b. Total number of locations for the Applicant and its Subsidiaries: _____

c. Please complete the following:

List of Countries in which you have operations	Type of Operation	Revenues	Number of Employees	Locations
U.S & Canada	_____	$ _____	_____	_____
_____	_____	$ _____	_____	_____
_____	_____	$ _____	_____	_____
_____	_____	$ _____	_____	_____
Total	_____	$ _____	_____	_____

II. COVERAGE REQUESTS

Please indicate if the Applicant is applying for limits of insurance that exceed the expiring coverage currently written with CNA

Coverage	Limit	Retention
Fidelity: Employee Theft	$ _____	$ _____
Fidelity: Client Coverage	$ _____	$ _____
Fidelity: ERISA Plan	$ _____	$ _____
Forgery or Alteration	$ _____	$ _____
Inside and Outside Premises Coverage Money or Securities	$ _____	$ _____
Inside and Outside Premises Coverage Property	$ _____	$ _____
Inside and Outside Premises Coverage Damage	$ _____	$ _____
Transfer Coverage Computer	$ _____	$ _____
Transfer Coverage Funds	$ _____	$ _____
Transfer Coverage Social Engineering Fraud	$ _____	$ _____
Counterfeit Coverage	$ _____	$ _____

III. CONTROLS

1. Has an outside auditor stated there are any material weaknesses in the Applicant's system of internal controls? ○ Yes ○ No

If you answered "Yes" above, please attach an explanation and provide the latest CPA letter to management and management's response to such letter.

2. Since your last renewal have you made changes to any domestic or foreign locations controls including:

a. Human Resource controls, including controls around background checks, adding/amending employees in computer system and detection for ghost employees? ○ Yes ○ No

b. Payroll controls including segregation of duties including countersignature on checks and reconciliation of bank accounts? ○ Yes ○ No

c. Audit Controls including internal audit department and exception reports around suspect financial transactions? ○ Yes ○ No

     d.   Vendor and/or Purchasing Controls including segregation of duties around approval of new vendors, approval of payments for vendors on master list and vendor account change requests   ○ Yes   ○ No

     e.   Inventory Controls including a procedures enabling accurate accounting of all inventories and daily cycle counts?   ○ Yes   ○ No

     f.   Computer Controls including passwords, user IDs, patch management procedures, intrusion detection and firewalls to restrict inbound and outbound traffic?   ○ Yes   ○ No

     g.   Fund Transfer Controls including maintaining a pre-established list of employees to initiate payment/funds transfer requests, segregation of duties around approving a wire transfer and procedures to verify the authenticity of any payment/funds transfer request made by an internal company source   ○ Yes   ○ No

     If you answered "Yes" to any of the questions in a-g above, please provide additional details:

_____

3.   Since your last renewal please provide the following updates:

     a.   How many employees do you have on your client's premises? _____

     b.   Do employees have access to your clients accounting, computer systems, property or materials?   ○ Yes   ○ No

     c.   What internal controls are in place to prevent and detect employee theft losses involving your client's funds/property? _____

IV. SPECIFIC INFORMATION

Please attach the following supporting documentation when submitting this Application:

a. Annual Report;

b. Audited Financial Statement; and

c. Most Recent CPA Management Letter and Management's Response

MATERIAL CHANGE

The Applicant acknowledges and agrees to a continuing obligation to report as soon as practicable any material changes in any responses within this Application, including all disclosures, and attachments, after the signing of the Application and prior to issuance of the policy, if issued, and further acknowledges that the insurer shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.)

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties.

The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further acknowledges and agrees that this Application shall be the basis of the contract if a policy is issued, and that if a policy is issued, CNA will have relied upon, as representations, the Application and any supplemental information attached to this Application, all of which are incorporated by reference to this Application and made a part hereof. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

Applicant:

By: _____   _____
    Signature and Title*   *Printed Name of Authorized Representative*

Date: _____

* **This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager (or the Director of Human Resources [for Employment Practices Liability coverage] or the Director of Benefits [for Fiduciary Liability coverage]) of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.