



Escrow Accounts Supplemental Application

- 1. Name of the Organization applying for this insurance (if the Organization has subsidiaries, give the name of the Parent Organization only):
- 2. Organization's mailing address:
- 3. Does the proposed Organization(s) maintain client trust accounts? YES NO
 If "YES", please answer the following questions:
 - (a) What is the nature of these accounts?
 - (b) What is the average number of trust accounts maintained?
 - (c) Do the employees performing the reconciliation have authority to deposit or withdraw? YES NO
 - (d) Is dual signature required for checks signing from client funds in trust? YES NO
 - (e) Describe the documentation required to initiate a funds transfer from an in-trust account:
 - (f) Please provide a brief description of the internal controls the Organizations utilize to protect client funds from misappropriation:

Declaration for the Application

The undersigned designated as an officer of the Organization:

- (a) declares that they have been duly authorized by the Organization to complete this Application and that all statements and representations contained herein are true and complete;
- (b) reasonable efforts have been made to obtain sufficient information from each person proposed for this insurance in order to complete this Application properly and accurately;
- (c) the financial statements submitted with this Application reflect the current financial situation of the Organization and its subsidiaries (if this is not the case, please provide details on a separate sheet).
- (d) acknowledges that these statements, representations and information submitted are relied on by Intact Insurance and shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be issued.
- (e) agrees that if between the date of this Application and the effective date of the Policy, the statements and information contained in this Application change in any way, they will immediately advise Intact Insurance in writing and, without prejudice to any other legal remedy available to it, Intact Insurance may modify or withdraw any outstanding quotation or any authorization or agreement to bind;
- (f) acknowledges this application and all documents attached hereto shall be form part of the Policy and shall be the basis of the contract, should one be issued.

It is agreed that the statements, representations and attached supplemental information submitted contained within this Application are true and are the basis of the Policy contract. Terms and conditions, including limits of coverage, offered by Intact Insurance, may differ from those applied for from the Applicant. It is further agreed that this Policy shall not be voided, rescinded or coverage excluded as a result of any untrue statement in this Application, except as to the Organization, its Subsidiaries and those Insured Persons making such statement or having knowledge of it's untruth.

Signature

Position (Chief Executive Officer, Chairman or General Counsel)

Date

Organization