



Third-Party Supplemental Application

- 1. Name of Insured:
- 2. Mailing address:
- 3. Please complete the following chart:

Name of client(s)	Location(s) of client(s)	Total number of client locations	Limit of coverage requested	Total number of employees who will be providing services to the client(s)

- 4. Describe the services that the employees of the proposed Organizations will provide:

- 5. If services are being provided under a contract, indicate the start and completion date in the chart below, and attach a copy of the contract(s):

Name of client	Start and end date of contract	Dollar amount of contract

- 6. Do the proposed Organizations' employees have access to clients' funds or property, including money, cheques, securities, inventory, high value property, banking systems, wire transfer systems, or sensitive computer? Yes No

If "YES", please answer the following:

- a. What is the maximum value of cash and cheques the Organizations' employee(s) have access to?
 Maximum Cash: _____ Maximum Cheques: _____
- b. How often are the clients' accounts reconciled?
- c. Who reconciles the clients' accounts?
 Internal Auditor Yes No
 Chartered Accountant Yes No
 Other (please specify): _____ Yes No

- 7. Will the employees of the proposed Organizations be supervised by the Organizations' clients while performing services? Yes No

If "NO", who will be supervising and how often?

8. Do the proposed Organizations' employees have access to the Organizations' client(s)' computer system? Yes No

If "YES", describe the applications/programs the Organizations' employees access:

9. Can the employee(s) of the proposed Organizations make, order, or purchase goods on behalf of the Organizations' client(s)? Yes No

If "YES", do the clients co-sign? Yes No

If "NO", please describe the clients' controls:

10. Have any of the Organizations' clients previously experienced any fidelity losses caused by proposed Organizations' employees? Yes No

If "YES", please provide full details (attach a separate sheet if necessary):

11. Do the clients perform security checks after the proposed Organizations' employees have left the clients' premises? Yes No

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 its untruth.

Signature

Position (Chief Executive Officer, Chairman or General Counsel)

Date

Organization