



CG&B Professional Liability
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RIBO FIDELITY BOND APPLICATION

1. **Applicant:** _____
2. **Address:** _____
3. **RIBO Number:** _____ Telephone No.: _____ Fax No.: _____
4. **Number () and location of offices other than above:** _____
5. **Internal Controls:**
 - (A) Are bank accounts reconciled **on a monthly basis** by someone not authorized to deposit or withdraw therefrom? Yes No
 If no, please explain: _____
 - (B) Will countersignature of cheques be required? Yes No
 If no, please explain: _____
 - (C) Will securities (i.e. stocks, bonds, etc.) be subject to joint control by two or more responsible employees? Yes No
 If no, please explain: _____
 - (D) What provision is made for safekeeping of securities? _____
6. List all claims, similar in type to claims which could fall within the scope of the bond being applied for in this application, which have occurred during the past six years (whether reimbursed or not.) Check if none ()

Date of Loss	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Amount recovered from other than Insurance	Amount of loss pending	Location other than Main Office
7. Details of prior Fidelity Coverage to be superseded i.e. amount, form, Company, and term: _____
8. Has any Employee Dishonesty Insurance been declined or cancelled by an Insurer in the last 6 years? Yes No
9. Is your firm, or anyone in your firm, expected to be, currently is, or within the past three years, been under any special or non standard reporting or licensing requirement or control of any sort, to any regulatory or governing bodies? Yes No
If yes, attach full details.
10. Within the past three years has your firm's trust account been in a deficit position? Yes No If yes, please provide full details and provide us with the latest RIBO position report.
11. Total number of: (a) Insurance Brokers _____ (b) Typists, Clerks _____ (c) Others _____
12. Indicate **total** gross premiums written annually: Excluding Life: _____
 Gross Annual Life Commissions: _____

13. **Effective Date:** _____

14. **Coverage Required:**

<input checked="" type="checkbox"/>	Coverage		<input checked="" type="checkbox"/> Limit	<input checked="" type="checkbox"/> Deductible
<input type="checkbox"/>	Insuring Agreement 1	Employee Dishonesty Coverage	<input type="checkbox"/> \$100,000.00	<input type="checkbox"/> \$1,000.00 <input type="checkbox"/> \$2,500.00
<input type="checkbox"/>	Excess Fidelity	Employee Dishonesty Coverage	<input type="checkbox"/> \$150,000.00 <input type="checkbox"/> \$400,000.00 <input type="checkbox"/> \$900,000.00	Follows Insuring Agreement 1
<input type="checkbox"/>	Insuring Agreement II	Loss Inside the Premises Coverage (Show maximum cash exposure)	<input type="checkbox"/> \$10,000.00 <input type="checkbox"/> \$ _____	Follows Insuring Agreement 1
<input type="checkbox"/>	Insuring Agreement III	Loss Outside the Premises (Show maximum cash exposure)	<input type="checkbox"/> \$10,000.00 <input type="checkbox"/> \$ _____	Follows Insuring Agreement 1
<input type="checkbox"/>	Insuring Agreement IV	Money Orders and Counterfeit Paper Currency Coverage	<input type="checkbox"/> \$ _____	Follows Insuring Agreement 1
<input type="checkbox"/>	Insuring Agreement V	Depositors Forgery Coverage	<input type="checkbox"/> \$25,000.00 <input type="checkbox"/> \$50,000.00 <input type="checkbox"/> \$100,000.00	Follows Insuring Agreement 1
<input type="checkbox"/>	Optional Coverage	Credit Card Forgery Limit must be equal to or less than Depositors Forgery Agreement V Coverage	<input type="checkbox"/> \$25,000.00 <input type="checkbox"/> \$50,000.00 <input type="checkbox"/> \$100,000.00	Follows Insuring Agreement 1
<input type="checkbox"/>	Optional Coverage	Computer Fraud (Limit cannot exceed Insuring Agreement 1 Limit) Note: Completion of an additional questionnaire is required for this coverage. Please let us know if required.	<input type="checkbox"/> \$100,000.00 <input type="checkbox"/> \$200,000.00 <input type="checkbox"/> \$250,000.00 <input type="checkbox"/> \$500,000.00 <input type="checkbox"/> \$1,000,000.00	Follows Insuring Agreement 1

Check here for automatic renewal subject to satisfactory review of this application.

Date: _____

Signed: _____
Authorized Representative

Insured: _____

Name: _____
(Please Print)

Title: _____