



RENEWAL APPLICATION

For all Financial Institution Bond Forms

This application is to be used by Insureds who have previously completed an APPLICATION FOR A FINANCIAL INSTITUTION BOND, except that the bond for which such application was completed is due to expire. It is understood that this RENEWAL APPLICATION is a supplement to that previously completed APPLICATION FOR A FINANCIAL INSTITUTION BOND and both forms together constitute the complete application for any new bond that may be issued..

ATTACH TO THIS APPLICATION:

- i) Most recent Annual Report including Financial Statements
- ii) Latest external Auditor's memorandum to Management on internal controls along with Management's response or a letter from your Auditor stating one was not issued
- iii) Where pertinent, please elaborate your reply on a separate page

1. Insured: _____

Other than those changes previously notified to Travelers Insurance Company of Canada, if there are any additions or deletions to the list of additional Insured as originally submitted, please attach addendum of changes.

2. Principal Address: _____

3. Term of new bond: 12:01 a.m. on _____ to 12:01 a.m. on _____

4. Total number of Officers and Employees: _____

5. Total number of Agents: _____

6. Number of Branches (excluding Head Office)

(a) In Canada: _____

(b) In U.S.A., Puerto Rico & Virgin Islands: _____

(c) Other Countries: _____

Total Number of Branches _____

7. Amount of Coverage desired: No Change, or

Please attach a summary of alternate limits for quotation purposes.

INTERNAL AUDIT PROCEDURES

8. With reference to your previously completed APPLICATION FOR A FINANCIAL INSTITUTION BOND:

(a) Have there been any changes in your AUDIT PROCEDURES? Yes No

If Yes, please give details: _____

(b) Name of external auditing firm: _____

(c) Have there been any changes in your external auditing firm in the last 12 months? Yes No

If Yes, why? _____

(d) Have there been any changes to your INTERNAL CONTROLS (other than Audit Procedures?) Yes No

If Yes, please give details: _____

(e) Have there been any changes in claim handling and/or claims cheque or draft issuance procedures? (Life and/or General Insurance Company operations only) Yes No

(f) Have there been any changes in your CUSTOMER ACCOUNT handling procedures? Yes No
 If Yes, please give details: _____

(g) Have there been any changes in your SECURITIES handling procedures? Yes No
 If Yes, please give details: _____

(h) Have there been any changes to your PHYSICAL SECURITY OR EXPOSURES? Yes No
 If Yes, please give details: _____

(i) Have there been any changes in your PERSONNEL procedures? Yes No
 If Yes, please give details: _____

9. Is your firm or anyone in your firm, expected to be, currently is, or within the past three years, been under any increased, special or non standing reporting or licensing requirement or control of any sort, to any regulatory or governing bodies? Yes No
 If Yes, please give details: _____

All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present application for insurance. Completion of this application does not bind the Underwriter to provide the insurance requested.

The Insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any policy issued in reliance upon such information.

Dated at _____ this _____ day of _____, _____.

 (Insured)

 Signed By

 (Name – Please Print)

 (Title)