TRAVELERS

FIDELITY BOND RENEWAL APPLICATION

3-D BOND FOR COMMERCIAL BUSINESS				
Where pertinent, please elaborate your replies on a separate page.				
1.	Bon	d # Anniversary Date:		
2.	Insu	red:		
3.	Principal Address:			
4.	Total number of Employees and Officers: Total number of premises:			
5.	Amount of coverage required: 🔲 No change, or attach a summary of alternate limits for quotation purposes.			
6.	Any	recent or anticipated change in Operations/Products/Services?	🗌 Yes	🗌 No
7.	External Auditors: 🔲 No change, or name of new firm:			
	(a)	Date of most recent external audit:		
	(b)	Have Auditors made any comment on weaknesses in controls or procedures? Please furnish copy of Auditor's letter to Management, if applicable.	🗌 Yes	🗌 No
INTERNAL PROCEDURES				
8.	Do your routine practices require:			
	(a)	All outgoing cheques to be countersigned?	🗌 Yes	🗌 No
	(b)	A division of duties for bank reconciliations and disbursement record keeping?	🗌 Yes	🗌 No
9.	With	reference to your previously completed FIDELITY BOND APPLICATION:		
	(a)	Have there been any changes in your EMPLOYMENT PRACTICES procedures?	🗌 Yes	🗌 No
	(b)	Have there been any changes in your COMPUTER SYSTEMS controls?	🗌 Yes	🗌 No
	(C)	Have there been any changes in your FUNDS TRANSFER procedures?	🗌 Yes	🗌 No
	(d)	If coverage is carried under INSURING AGREEMENTS II OR III:		
		(i) Has any new security protection been put in place (such as crime resistant vaults, safes, electronic alarms, surveillance, watchmen or guard services)?	🗌 Yes	🗌 No
		(ii) Have there been changes in the ma ximum daily or overnight exposures of money, cheques or securities?	🗌 Yes	🗌 No
If "Yes" to any of the above, please provide 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.				

Signed and dated this _____day of ______.

Signature

Name and Title – please print