



Janus Assurance Re

Santo Domingo, R.D.

Application for Fidelity Bond

Resident Address		Passport or Tax #	Age	Married <input type="checkbox"/>
		Single <input type="checkbox"/>		
Business Address				
(Street and Number)	(City)	(State)	(Post Code)	(Telephone#)
Business Address				
(Street and Number)	(City)	(State)	(Post Code)	(Telephone#)
Occupation or Business	How Long so engaged?	Previous Surety	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, give name and reason for change				
Type of Bond		Amount of Bond	Effective Date	
Complete name and address of Obligee (If third party fidelity)				

General Information

The term "Applicant" means all corporations, organisations or other entities, including subsidiaries, proposed for this insurance.

Year Applicant's business was established: _____

Description of Applicant's operations: _____

Have you ever been charged with a criminal offense Yes No

What is the Applicant's annual revenue? _____

Does the Applicant now have tax exempt status? Yes No

Is the Applicant a subsidiary? Yes No

Does the Applicant currently file, or do they anticipate in the next 6 months filing, any documents with the U.S. S.E.C., British Securities, or similar authority regarding any equity or debt securities? Yes No

Subsidiary Information and 50% or more owned joint ventures under like management control:

Name	% Owned	Year Started	Description of Operations	Entity Type

*Entity Types: FP - For-Profit (other Partnership) NP = Non-Profit GP= General Partnership LP= Limited Partnership LT= Corporation
 LLC - Limited Liability Company To enter more information, please attach a separate page or an organization chart.

Locations of Applicant and Number of Employees* for Each:

State or Country	# of Locations	Full Time Employees		Part Time Employees	
		Date of Application	12 Months Ago	Date of Application	12 Months Ago

*Employees include Lease, Temporary, and Seasonal To enter more information, please attach a separate page or an organization chart

Please indicate the maximum exposure for each location:

Locations	Cash	Retail Cheques	Credit Card Receipts & Non-Retail Cheques

To enter more information, please attach a separate page or an organisation chart

Financial Information

Note: Omit this section if the Applicant has submitted a financial statement under separate cover.

Please indicate the following as it relates to the Applicant's fiscal year end (FYE): (please indicate negative figures with "(" or "-", as appropriate)	Most Recent Fiscal Year End	Prior Fiscal Year End
1. Current Assets		
2. Total Assets		
3. Current Liabilities		
4. Long Term Debt		
5. Retained Earning/Fund Balance (Accumulated Deficit. Fund Deficit)		
6. Net Equity/Net Assets (Deficit Equity)		
7. Revenues		
8. Net Income (Net Loss)		
9. Is the Applicant currently, or has it been in the past 24 months, in violation or has it amended any debt covenant? If "Yes", please attach an explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Auditor Information

Scope of Chartered Accountant Financial Statement preparation: Internal Compilation Review Audit None

1. Has the Applicant changed outside auditors in the last three (3) years? If "Yes", please attach an explanation Yes No N/A
2. Have the outside auditors stated there are material weaknesses in the Applicant's system of internal controls? If "Yes", please attach an explanation and provide the latest accountant letter to management, and management's responses. Yes No N/A
3. Has the Applicant implemented all material recommendations of the auditor? If "No", please attach an explanation Yes No N/A
4. Has any auditor issued a "going concern" opinion for the applicant or any of its subsidiaries' financial statement(s) during the past three (3) years? If "Yes", please attach an explanation Yes No N/A

Internal Controls

1. Are owners active in the day-to-day oversight of business operations? Yes No
2. Does someone other than the person responsible for reconciling bank accounts:
 - Make Deposits? Yes No
 - Make Withdrawals? Yes No
 - Execute cheques? Yes No
3. Is countersignature of checks required? Yes No If Yes, what is the dual signature limit? \$ _____
4. Is segregation of duties practiced in the following areas:

Inventory management?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash receipts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vendor approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oversight of blank cheque stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase order approval and payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retail cheques and credit card receipts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wire transfer receipts and payments	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Are all incoming checks stamped "for deposit only" immediately upon receipt? Yes No
6. Is a physical count of inventory conducted at least annually? Yes No
7. Are inventory records computerized? Yes No
8. Are the duties of computer programmers and operators separated? Yes No
9. Is dual authorization required for all wire transfers? Yes No N/A
10. Do you perform any of the following on candidates for new employment:

Verification of Prior Employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit History?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal History?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education Verification?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

11. Please indicate if you have instituted the following:

Business Practices/Policies:

- Formal written business plan?
- Code of Ethics?
- Fraud policy?
- Conflict of Interest Policy?
- Confidential hotline or procedure for employees to
- Report violations in your policies

Physical Controls:

- Guards/Watchmen
- Premise Alarm Systems
- Messengers
- Controlled Premises Access
- Other protection

Unique / Significant Expo-

Please indicate any of the following exposures that apply to your business operations:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Precious Metals or Gemstones <input type="checkbox"/> Proprietary credit cards <input type="checkbox"/> Care, custody and control of clients' property <input type="checkbox"/> Portable Inventory <input type="checkbox"/> Employee credit cards <input type="checkbox"/> Active participation in more than one industry <input type="checkbox"/> Joint Ventures | <ul style="list-style-type: none"> <input type="checkbox"/> Managed Assets of Others <input type="checkbox"/> Computer chips <input type="checkbox"/> Art collection or other valuable collectibles <input type="checkbox"/> Proprietary Trading Activity <input type="checkbox"/> Warehousing operations <input type="checkbox"/> Narcotics |
|--|--|

Coverage Information

Desired Crime Coverage	Expiring Limit	Expiring Retention (Deductible)	Requested Limit	Requested Retention (Deductible)
Fidelity: Employee Internal Theft				
Fidelity: Employee Theft of Client Property				
Fidelity: Alteration				
On Premises (Money, Securities and Other Property)				
In Transit (Money, Securities and Other Property)				
Money Orders and Counterfeit Money				
Computer Crime				
Funds Transfer Fraud				
Personal Accounts Protection				
Claim Expense				

Expiring Insurer: _____ Expiring Premium: \$ _____

Loss History

Date of Loss	Amount of Loss	Description of Loss	Corrective Procedures Implemented
	\$		
	\$		
	\$		

Declaration of Applicant

Santo Domingo, R.D.

I acknowledge and affirm that the employees of the applicant have all, to the best of the applicant's knowledge and belief, while in the service of the applicant or otherwise, always performed his/her/their respective duties with honesty and integrity. There has never come to my or the applicant's attention or knowledge any information which in the judgement of a reasonable individual, would indicate that any of the applicant's employees are/have been dishonest. I affirm that the applicant has instituted his/her/it's own protocols for properly vetting employees prior to his/her/their employment and assignment. Such knowledge as the applicant or any officer or director on behalf of the applicant may now have in respect to his or her own personal acts or conduct, unknown to the applicant, is in fact imputable to the applicant because of the applicant's duty to accomplish proper enquires as to the background of employees applying or being assigned to positions of trust, as well as the applicant's responsibility under law and practice to disclose all information relevant to the risk being assumed by Janus Assurance Re, its affiliates, co-sureties, subsidiaries, and/or reinsurers.

I understand that material omission of any information requested by Janus Assurance Re, or providing false information during the application process, will be grounds for immediate termination of the bond(s) or policy(ies) issued by Janus. I further understand that the provision of materially false information to an insurance entity, or the withholding of pertinent information from an insurance entity, in an attempt to procure a bond, bonds or insurance coverage(s), is a criminal act, punishable under various codes of international and domestic laws.

Representatives of Janus Assurance Re have explained Janus' status as a licensed insurance company, domiciled in Santo Domingo, R.D. I further understand that Janus Assurance Re does not advertise or offer insurance products to individuals or companies in locales wherein the appropriate insurance license or certificate of authority is not currently held by Janus Assurance Re. The fidelity/crime bond for which I (the applicant) now applies, shall cover risks or exposures of those activities conducted by the applicant in the international (offshore) business environment. Right to arbitration are appropriately reserved by Janus Assurance Re, contracts interpreted under the practices of law in Santo Domingo, R.D.

Premium(s) payable to Janus Assurances Re shall be wired, forwarded or otherwise transferred directly to the appropriate premium account held with the Banco BHD.

Acknowledged this _____ day of the month _____, _____.

Signature of Applicant _____

Applicant Name Printed _____