



Specie Questionnaire

To be completed for each insured location

Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion, the Application must be signed and dated by an authorized representative of the Applicant.

NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim or potential claim in response to any question in any part of this Application does not create coverage for such claim or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

I. GENERAL INFORMATION (to be completed by all Applicants)

Name of Applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Website: _____ Number of Years in Business: _____

Description of Operations: _____

All monetary values in this questionnaire are: CAD USD

II. PRIMARY INSURED

Applicant: _____ Years in business: _____

Address: _____

Description of business: _____ Annual gross sales: _____

III. SITE DETAILS

Name of site: _____

Address: _____ Latitude / Longitude: _____

Number of years in operation: _____ Production volume last 12 months: _____

Estimated production volume next 12 months: _____

IV. PRODUCT DETAIL

Type(s) of insured goods: _____

Describe the frequency of product pour: _____

Current commodity price: _____ Average price last 12 months: _____

Estimated Average price next 12 months: _____

Value at site: Average: _____ Maximum: _____

Duration at site: Average: _____

Units of time: Hours Days Maximum: _____**V. SITE SECURITY**

Describe access control protocols for the site: _____

Guards on site: Yes No Private or Contractor: Yes No

Number of guards per shift: _____ Shift duration: _____

Armed: Yes No Panic buttons: Yes NoCCTV: Yes No Off site monitoring: Yes No

Describe any arrangements with local police and/or paramilitary organisations, including response time:

Describe access control protocols for the processing plant: _____

Describe access control protocols for the bullion room: _____

Is a mantrap installed: Yes No Number of people authorized to enter: _____

Seismic sensors: Yes No Motion sensors: Yes No

Describe access control protocols for the vault /safe: _____

Vault door / safe classification, age, construction details: _____

Dual access controls: Yes No Time lock delay: Yes No

Employee background checks: Yes No Bankruptcy check: Yes No

Criminal record check: Yes No Credit check: Yes No

VI. PRODUCT TRANSIT

Is secured carrier used for transport? Yes No Name of secured carrier(s): _____

Transits insured by secured carrier: Yes No

Destination: _____ Average value in transit: _____ Maximum value in transit: _____

Describe protocols when product is collected by secured carrier: _____

Describe where and when risk transfers to the secured carrier? _____

Do you require contingent insurance while insured goods are in the care, custody, and control of the carrier? Yes No

If yes, limit: _____

VII. CURRENT INSURANCE

Is the present carrier requesting cancellation, rate increase, or policy revision? Yes No

If yes please explain: _____

Name of present carrier: _____ Number of years in effect: _____

Do you have any other insurance placed with CNA? Yes No

If yes please list coverage(s): _____

VIII. LOSS HISTORY

Premium and loss history, last five years

Year	Premium	Losses Paid & Outstanding	Recoveries	Net Losses	Number of Claims
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

APPLICANT

By: _____
Signature and Title* Printed Name of Authorized Representative

Date: _____

*** This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.

