

DISHONESTY BOND APPLICATION

Applicant _____		
Name of Business _____		
Business Address (include any branch location addresses) _____		Street and Number
Mailing Address _____	City _____	State _____ Zip _____
Applicant's Phone Number _____	City _____	State _____ Zip _____
Type of Business _____		
Purpose and function _____		
Have you sustained any employee dishonesty losses in the last 6 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please give us all the details in a letter.		
Amount of coverage requested: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000		
<input type="checkbox"/> 1-Year Bond <input type="checkbox"/> 3-Year Bond (reduced rate of 2.85 x annual premium)		
Classification of Business *A or B coverage subject to underwriter discretion.		
A <input type="checkbox"/> Professional and business offices such as accountants, architects, physicians, dentists, insurance agents, and attorneys. (Officers are not covered under this bond, unless the insured is a corporation, and the officers are in the regular service of the insured and compensated by salary, wages, etc.)		
Exact Number of Employees (Both full and part-time) _____		
Exact Number of Officers _____ Are officers to be covered? <input type="checkbox"/> Yes*** <input type="checkbox"/> No		
A <input type="checkbox"/> Non-Profit Social Organizations - Officers Only		
Exact Number of Officers _____ (Attach list of officer positions)		
***Coverage of officers is subject to underwriter approval.		
For Dishonesty A limits \$50,000 and over, please complete the following:		
Will countersignature of checks be required? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom? _____		
How often will a complete audit be made? _____ When was last audit made? _____		
By whom was audit made? <input type="checkbox"/> Certified Public Accountant <input type="checkbox"/> Independent Accountant <input type="checkbox"/> Employee of Insured		
Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How often? _____		
**B <input type="checkbox"/> Businesses with more exposure such as cafes, gas stations, retail stores, businesses with salespeople, non-profit social organizations (officers and employees - Note: Volunteers not covered unless endorsement added by Company) and courier services (except those handling cash and negotiable instruments). Contains a conviction clause.		
Exact Number of Employees (Both full and part-time) _____		Exact Number of Owners/Officers _____
		Are owners/officers to be covered? <input type="checkbox"/> Yes*** <input type="checkbox"/> No
**In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply.		
***Coverage of owners/officers is subject to underwriter approval.		

Address _____
Street
City _____ State _____ Zip _____
Agent's Code _____

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Date

The effective date of the bond will be the date the bond is issued.