DISHONESTY BOND APPLICATION

Applicant _____

Name of Business _____

Address (include any branch location addresses) _____
Street and Number

_____
City State Zip

Applicant's Phone Number _____

Type of Business _____

Purpose and function _____

Have you sustained any employee dishonesty losses in the last 6 years? ☐ Yes ☐ No If so, please give us all the details in a letter.

Amount of coverage requested: ☐ $5,000 ☐ $10,000 ☐ $25,000 ☐ $50,000 ☐ $100,000

☐ 1-Year Bond ☐ 3-Year Bond (reduced rate of 2.85 x annual premium)

Classification of Business *A or B coverage subject to underwriter discretion.

A ☐ 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? ☐ Yes*** ☐ No

A ☐ 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? ☐ Yes ☐ No By whom? _____

How often will a complete audit be made? _____ When was last audit made? _____

By whom was audit made? _____

☐ Certified Public Accountant ☐ Independent Accountant ☐ Employee of Insured

Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? ☐ Yes ☐ No

How often? _____

B ☐ 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? ☐ Yes*** ☐ 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.

☐ **Check here if this has been previously faxed to us.**

Please provide your agency information

_____

Address _____
Street

_____
City State Zip

_____

Date

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

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.