

# DISHONESTY BOND APPLICATION

## (FIDELITY BOND)

### APPLICANT

Name (First, Last)		Email Address		Phone Number	
Business Name			Organization Type <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation		
Business Address		City		State	Zip Code
Description of Products / Services					
Number of Locations	Date Established	Annual Revenues	Number of Employees	Number of Officers	Number of Officers to be Covered
Do you verify the employment background of prospective employees? <input type="checkbox"/> Yes <input type="checkbox"/> No					

### BOND

Name of Covered Party (As it is to appear on Bond)		Effective Date (requested)	Coverage Requested (Higher limits available on request) <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
Have you sustained any employee dishonesty losses in the last six (6) years, including those sustained by contracted clients, and including those reimbursed by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If <b>Yes</b> , attach a separate document that describes the Losses, Amounts of Losses, and Dates of Losses. Include Employee Name(s), and Corrective Actions Taken.	
Has any request for a fidelity bond been declined in the last six (6) years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If <b>Yes</b> , explain. Attach a separate document if more room is needed.	

I affirm that the information that I have provided above is true to the best of my knowledge and belief. I understand that coverage is NOT effective until application is accepted by the company, carrier, surety, and/or co-surety(ies). I acknowledge that the 'conviction requirement' clause and the 'on premises' definitions have been fully explained to me.

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_