

## Application For Business Services Bond

**Name Insured:** \_\_\_\_\_

**Insured's Address:** \_\_\_\_\_

Are you a ..... Proprietorship  Partnership  Corporation

**1. Type of Business:** \_\_\_\_\_

**2. Date Established** \_\_\_\_\_

**3. What is the total number of Employees?** \_\_\_\_\_ **Total number of Officers?** \_\_\_\_\_

**How many employees regularly handle money, Securities, or inventory?** \_\_\_\_\_

**How many Locations?** \_\_\_\_\_ List other Location on Reverse Side and advise operation

**4. Amount of Bond Desired?** \$ \_\_\_\_\_

**5. Effective Date of Bond requested, if this application is approve?** \_\_\_\_\_

**6. Coverage is Primary  Coverage is excess over company / policy #** \_\_\_\_\_

**INTERNAL CONTROLS:**

**7. Is an audit performed each year?** Yes  No

**Prepared by:** CPA  In-house  If CPA Prepared, is it an **Audit**  **Review**   
**Compilation**

**8. Are bank account reconciled by someone not authorized to deposit or withdraw there from?** Yes

**9. How often?** \_\_\_\_\_

**10. Will all check issued by the insured by countersigned?** Yes

**If no, who signs (advise name and position)** \_\_\_\_\_

**11. Are owners to be Covered?** Yes

**PRESENT COVERAGE:**

**12. List all fidelity, and forgery coverage now carried:** \_\_\_\_\_ **Check if None**

Coverage	Limit of Liability	Name of Insurer	Policy Number
----------	--------------------	-----------------	---------------

**LOSS EXPERIENCE:**

**13. List all employee dishonesty losses in the last three (3) year, itemizing each loss separately:** \_\_\_\_\_ **Check if None**

Date of Loss	Amount	Description	Precaution Taken to Prevent Repetition
--------------	--------	-------------	--

**I/We, the undersigned Owner / Officer, declare that the foregoing statements are true and correct. I/We agree to pay all premiums as they become due. I/WE also acknowledge and understand that this bond will only cover acts of employees for which said employees is convicted of criminal or criminal acts by a court of proper jurisdiction.**

**Date:** \_\_\_\_\_ **Insured:** \_\_\_\_\_ **By:** \_\_\_\_\_  
(signature) officer or Director and (title)

**Fraud Statement**

Any person who knowingly and with intent to defraud any insurance company or other person filed an application for insured containing any false information or conceals for the purpose of misleading information concerning any fact material thereto commit a fraudulent insurance act, which is a crime and subjects sure person to criminal and civil penalties criminal and civil penalties.