

Company Name

Dishonesty Bond Application

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:



Company Name
Company Address
City, State, Zip
Tel. (555) 555-5555
Fax (555) 555-5555
www.domain.com

* Denotes Required Field

Applicant Information

*Business Type:

*Company Name:

*Contact Name:

*Company Address:

*City:

*State:

*Zip Code:

*Company Phone:

*Company Fax:

Ex: 920-111-2222

*E-Mail Address:

*Confirm E-Mail Address:

Additional Company Locations?:

If "Yes," please list in the Additional Comments section below

Business Information

Type of Business:

Purpose & Function

Have you sustained any employee dishonesty losses in the last 6 years?:

If "Yes," please give details below:

Bond Information

Amount of Coverage Requested: \$

Term of Bond Requested:

Classification of Business

A or B coverage subject to underwriter discretion

Classification "A"

Professional and business offices such as accountants, architects, physicians, non-profit social organizations (officers only), dentists, insurance agents, and attorneys. Owners/officers are not covered under this bond unless the insured is a corporation, and the owners/officers are in the regular service of the insured and compensated by salary, wages, etc.

Exact Number of Employees:

(Both full and part-time)

For Dishonesty A limits \$50,000 and over, please complete the following:

Will countersignature of checks be required?:

By whom?:

How often will a complete audit be made?:

On what date was the last audit made?:

Ex. 01/15/2004

By whom was the audit made?:

Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?:

How Often?:

Classification "B"

Businesses with more exposure, such as cafes, gas stations, retail stores, businesses with salespeople, non-profit social organizations (officers & employees), and courier services (except those handling cash and negotiable instruments).

Contains a conviction clause

In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply.

Exact Number of Employees:

(Both full and part-time)

Exact Number of Owners/Officers:

Are owners/officers to be covered?:

(If "Yes," coverage of owners/officers is subject to underwriter approval)

Additional Comments

Please provide any additional comments that you feel would be appropriate for this bond application. If you have additional information to provide, where there were not enough fields above, please enter it here:

***Acknowledgement and Consent**

I hereby certify that the above information is complete and accurate to the best of my knowledge. The agency receiving this application will retain the application whether or not a policy is issued. The agency may rely on this application when determining the quotation and when deciding whether to issue a policy. False statements may subject me to criminal penalties.

If a policy is issued, I authorize the agency to give information about me to its affiliates. **Yes** **No**

***Enter Your Initials Here:**

***Today's Date:**

EX: 01/12/2007

[View our Privacy Policy](#) 