



Dishonesty Bond Application

Applicant: _____

Contact Person: _____

Business Address: _____ City: _____ State: _____ Zip: _____
 (Please attach a list including any branch location addresses)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Company is: ___ Individual: ___ Partnership: ___ Corporation: ___ Joint Venture: ___

Other (describe): _____

Business Operations:

1) Have you sustained any employee dishonesty losses in the last six years? Yes _____ No _____ If yes please explain:

2) Amount of coverage requested \$5,000 _____, \$10,000 _____ \$25,000 _____, \$50,000 _____ \$100,000 _____

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

Classification of Business*

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 Officers _____

Exact Number of Employees (Both full- and part-time)* _____

Are the officers to be covered? Yes _____ *** No _____

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 the last audit made? _____

By who 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, and courier services (except those handling cash and negotiable instruments).

Exact Number of Officers _____

Exact Number of Employees (Both full- and part-time)* _____

Are the officers to be covered? Yes_____*** No _____

THE UNDERSIGNED CERTIFIES THAT ALL OF THE INFORMATION THEREIN HAS BEEN READ CAREFULLY AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date Signed: _____/_____/_____

Signature Printed Name Title

* A OR B coverage subject to underwriter discretion

** Contains a Criminal Conviction Clause - In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply.

*** Coverage of officers is subject to underwriter approval

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IN CALIFORNIA DBA BONDS AND INSURANCE SERVICES - LICENSE #0795489

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