

Employee Dishonesty Bond Application

Contact _____

Email _____

Phone _____

Fax _____

Bond Information

Applicant _____

Business Name _____

Type of Business _____

Address _____

City _____

State _____

Zip _____

Purpose and Function of Business _____

Have you ever sustained any employee dishonesty in the last 6 years? _____

Amount of Bond _____

Term of Bond _____

What best describes your company?

- 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 regular service of the insured and compensated by salary, wages, etc.)
- Businesses with more exposure such as cafes, gas stations, retail stores, businesses with salespeople, non-profit social organizations.

Number of Employees: _____

Number of Owners / Officers: _____

Are Owners / Officers to be covered? _____

For Limits over \$50,000

Will countersignature of checks be required?

If yes, by whom?

How often will complete audit be made?

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

How often?

Signature

Date