

DISHONESTY BOND APPLICATION

Applicant _____		
Name of Business _____		
Business Address (include any branch location addresses) _____		
	Street and Number	
City	State	Zip
Mailing Address _____		
City	State	Zip
Applicant's Phone Number _____		
Type of Business _____		
Purpose and function _____		
Have you sustained any employee dishonesty losses in the last 6 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please give us all the details in a letter.		
Amount of coverage requested: <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		
<input type="checkbox"/> 1-Year Bond <input type="checkbox"/> 3-Year Bond (reduced rate of 2.85 x annual premium)		
Classification of Business *A or B coverage subject to underwriter discretion.		
A <input type="checkbox"/> 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 Employees (Both full and part-time) _____		
Exact Number of Officers _____ Are officers to be covered? <input type="checkbox"/> Yes*** <input type="checkbox"/> No		
A <input type="checkbox"/> Non-Profit Social Organizations - Officers Only		
Exact Number of Officers _____ (Attach list of officer positions)		
<small>***Coverage of officers is subject to underwriter approval.</small>		
For Dishonesty A limits \$50,000 and over, please complete the following:		
Will countersignature of checks be required? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom? _____		
How often will a complete audit be made? _____ When was last audit made? _____		
By whom was audit made? <input type="checkbox"/> Certified Public Accountant <input type="checkbox"/> Independent Accountant <input type="checkbox"/> Employee of Insured		
Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How often? _____		
**B <input type="checkbox"/> Businesses with more exposure such as cafes, gas stations, retail stores, businesses with salespeople, non-profit social organizations (officers and employees - Note: Volunteers not covered unless endorsement added by Company) and courier services (except those handling cash and negotiable instruments). Contains a conviction clause.		
Exact Number of Employees (Both full and part-time) _____ Exact Number of Owners/Officers _____		
Are owners/officers to be covered? <input type="checkbox"/> Yes*** <input type="checkbox"/> No		
<small>**In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply.</small>		
<small>***Coverage of owners/officers is subject to underwriter approval.</small>		

Check here if this has been previously faxed to us.

Your CNA Surety Agent is:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application for a claim containing a false or deceptive statement shall be liable to the insurer for the amount of the claim.

Easy Binding Instructions for:

**Fidelity Bond • Commercial Bond
Employee Dishonesty • Forgery or Alteration
Limits of \$1 million or less**

1. Please complete attached application and sign as indemnitor.

2. Return the signed application to:

Made to the order of:



Once we receive completed application and check, we will issue the bond.
Bonds are not binding until approved by the company.

If you want the original bond mailed overnight please include **\$30.00 check**

Thank you for choosing [REDACTED] for your all your bonding needs.

