



# Dishonesty Bond Application

**Business Classification:** This Application and Bond Form are to be used for Non-Professional Service Businesses and Organizations - Retail, Wholesale, Personal Services, Transportation, etc. Owners may be covered but coverage is subject to underwriter approval. Are owners to be covered?  Yes  No

Name of Insured \_\_\_\_\_

Type of Business \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Amount of Coverage Requested \_\_\_\_\_

Total Number of Employees (both full and part time) \_\_\_\_\_

Total Number of Owners \_\_\_\_\_

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

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

Yes  No

If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent's Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>AGENT/BROKER INFORMATION</b>	Agent/Broker Name	Code	Phone No.	Fax No.	City	State	Zip