



Surety One

(Submission)

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DISHONESTY BOND APPLICATION

\$5,000 \$10,000 \$25,000 \$50,000 \$100,000

NAME OF INSURED

EMAIL

BUSINESS ADDRESS

TELEPHONE

TYPE OF BUSINESS

TOTAL NUMBER OF EMPLOYEES _____

NUMBER OF OFFICERS _____

NUMBER OF OFFICERS TO BE COVERED _____

HAVE YOU SUSTAINED ANY EMPLOYEE DISHONESTY LOSSES IN THE LAST SIX (6) YEARS?

NO YES If Yes, Attach Date(s), Amount(s), Employee's name(s) and action(s) taken.

I affirm that the information that I have provided above is true to the best of my knowledge and belief. I understand that coverage is NOT effective until application is accepted by the company, carrier, surety, and/or co-surety(ies). I acknowledge that the 'conviction requirement' clause and the 'on premises' definitions have been fully explained to me.

APPLICANT'S SIGNATURE

DATE

FOR LIMITS IN EXCESS OF \$50,000

Will countersignature of checks be required? YES NO By whom? _____

How often will a complete audit be accomplished? _____ Date of last audit _____

By whom? CPA INDEPENDENT ACCOUNTANT EMPLOYEE

Are accounts reconciled by someone NOT authorized to deposit/withdraw funds? YES NO