



**FIDELITY BOND APPLICATION**

**SECTION I – Business Information**

Name Insured: \_\_\_\_\_

Insured's Address: \_\_\_\_\_

Are you a ..... Proprietorship  Partnership  Corporation

1. Date Established \_\_\_\_\_
2. What is the total number of Employees? \_\_\_\_\_ Total number of Officers? \_\_\_\_\_  
 How many employees regularly handle money, securities, or inventory? \_\_\_\_\_  
 How many locations? \_\_\_\_\_ List other locations in Section II of the application as indicated.
3. Classify your predominant activity: Manufacturer  Processor  Wholesaler  Distributor  Retailer   
 Servicer Other \_\_\_\_\_
4. Describe the predominant products or services of your business or activity \_\_\_\_\_
5. Has there been any changes in ownership in the last 3 years? \_\_\_\_\_

**Coverage Forms:**

**Limit of Insurance**

Coverage Form A – Employee Dishonesty – Blanket  .....\$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_  
 Coverage Form A – Employee Dishonesty – Scheduled  .....\$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_  
 Coverage Form B – Forgery or Altercation.....\$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

1. Effective date of coverage requested, *if this application is approved?* \_\_\_\_\_
2. Coverage is Primary  Coverage is excess over company/policy # \_\_\_\_\_

**Audit Procedures: (Please explain in the space provided where available)**

1. Is an audit performed each year?.....YES  NO   
 Prepared by: CPA  INHOUSE  *If CPA prepared, Is it an Audit*  *Review*  *Compilation*
2. How often are audits prepared? Quarterly  Semi-Annually  Annually
3. Name and address of person or firm performing audit \_\_\_\_\_
4. Are all locations audited?.....YES  NO   
 If "NO," list locations not audited \_\_\_\_\_
5. Is the audit made in accordance with generally accepted auditing standards and so certified?.....YES  NO   
 If "NO," explain the scope of the audit \_\_\_\_\_
6. Is the audit reported directly to the proprietor, partners (if a partnership), or Board of Directors (if a corporation)?.....  
 .....YES  NO
7. Date of completion of last audit of: cash and accounts: \_\_\_\_\_ inventory \_\_\_\_\_
8. Were any discrepancies or loose practices commented upon in this audit?.....YES  NO   
 If "YES," submit a copy of the audit and auditor's comments \_\_\_\_\_
9. Is there an internal audit by an Internal Audit Department under the control of an employee who is a public accountant or equivalent?.....YES  NO   
 If "Yes," are the reports rendered directly to the proprietor, partners (if a partnership) or Board of Directors (if a corporation)?.....YES  NO



**Internal Controls:**

- Are bank accounts reconciled by someone not authorized to deposit or withdraw there from?.....YES  NO   
If "NO," explain \_\_\_\_\_
- Is countersignature of checks required?.....YES  NO   
If "NO," explain \_\_\_\_\_
- Are securities subject to joint control of two or more responsible employees? .....YES  NO   
If "NO," explain \_\_\_\_\_

**Prior and Present Coverage:**

- Has any similar insurance been declined or cancelled during the past three years?.....YES  NO   
If "YES," explain \_\_\_\_\_

2. List all fidelity, and forgery coverages now carried: Check if none

<u>Coverage</u>	<u>Limit of Liability</u>	<u>Name of Insurer</u>	<u>Policy Number</u>

3. List all employee dishonesty losses in the last three (3) years, itemizing each loss separately: Check if none

<u>Date of Loss</u>	<u>Amount</u>	<u>Description</u>	<u>Precautions Taken to Prevent Repetition</u>

**SECTION II – Complete for all coverages:**

1. Number of Employees By Position

Officials	Accounting	Management	Sales	Stock
___ Chairman	___ Accountants	___ Managers	___ Sales Manager	___ Appraisers
___ President	___ Auditors	___ Asst. Managers	___ Asst. Sales	___ Clerks acting as
___ Vice-President	___ Asst. Auditors	___ Branch Managers	___ Floorwalkers	___ Appraisers
___ Treasurer	___ Cashiers	___ Asst. Branch Man.	___ Buyers	___ Shipping/Receiving
___ Asst. Treasures	___ Asst. Cashiers	___ Dept. Managers	___ Asst. Buyers	___ Clerks
___ Secretary	___ Bookkeepers	___ Asst. Dept. Man.	___ Salesmen	___ Store Clerks
___ Asst. Secretary	___ Paymaster	___ Superintendents	___ Demonstrators	___ Custodians
___ Attorneys	___ Asst. Paymasters	___ Asst. Superintendents	___ Canvassers	___ Warehouse Workers
___ Bursar	___ Timekeepers	___ Factory Superintedents	___ Collectors	___ Security Persons
___ Asst. Bursar	___ Asst. Timekeepers	___ Asst. Factory Super.	___ Drivers	___ Dietician who
___ Comptroller		___ Purchasing Agents	___ Drivers' Helpers	order food
___ Asst. Comptroller		___ Asst. Purchasing Agents	___ Chauffers	
		___ Messenger (Outside)	___ Service Station Attendants	

Total Number of Officers \_\_\_\_\_  
Total Number of Employees \_\_\_\_\_

2. List the addresses of any additional locations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION III – Complete ONLY for Coverage Form A – Schedule**

1. If coverage is desired on either a name schedule or position schedule basis, complete the following:

<u>Name or Position (plus # of employees and location if position schedule)</u>	<u>Limits of Coverage</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**SECTION IV – To be used as ENDORSEMENTS if scheduled coverage is desired in addition to the Coverage Form A – Blanket**

1. If coverage is desired for any agents performing an act or service in connection with the ordinary conduct of your business, complete the following (may be a person, partnership, or corporation):

<u>Capacity in which Each Agent Serves</u>	<u>Limit of Coverage</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

2. If excess limits of insurance are desired on any of your employees on either a name schedule or position basis, please complete the following

<u>Name or Position (plus # of employees and location if position schedule)</u>	<u>Excess Limits of Coverage</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**SECTION V – To be used as an ENDORSEMENT for Coverage Form B if additional coverage is desired for the following:**

1. Credit, Debit, or Charge Card Instruments -

Covered instruments: Include  or are limited to  credit, debit or charge cards issued to you or any employee for business purposes.....No. of Cardholders \_\_\_\_\_ Limit of Coverage \$ \_\_\_\_\_

2. Warehouse Receipts –

Covered instruments: Include  or are limited to  warehouse receipts and withdrawal orders.....Limit of Coverage \$ \_\_\_\_\_

3. Personal Accounts of your officers or partners, list names below:

<u>Name (s)</u>	<u>Limit of Coverage</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

ADDITIONAL COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By completing this application, the Insured is agreeing that the employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured. Upon approval, an application stating all of the above information will have to be signed before the bond can be released.

**FRAUD STATEMENT**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.