

Dishonesty Bond Application



APPLICANT INFORMATION

Applicant _____
Mailing address _____
Applicant phone # _____

Business _____
Business address _____
Type of business _____
Purpose and function _____

Have you sustained any employee dishonesty losses in the last 6 years? Yes No
If so, please give us all the details in a letter.

Amount of coverage requested:
 \$5,000 \$10,000 \$25,000 \$50,000 \$100,000
 1-Year Bond 3-Year Bond (*reduced rate of 2.85 x annual premium*)

CLASSIFICATION OF BUSINESS

**A or B coverage subject to underwriter discretion.*

A 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? Yes*** No

A Non-Profit Social Organizations - **Officers Only**

Exact Number of Officers (*Attach list of officer positions*)

****Coverage of officers is subject to underwriter approval.*

For Dishonesty A limits \$50,000 and over, please complete the following:

Will countersignature of checks be required? Yes No
If so, by whom?

Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? Yes No
If so, how often?

How often will a complete audit be made?

When was last audit made?

By whom was audit made?

Certified Public Accountant Independent Accountant
 Employee of Insured

B 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).

Exact Number of Employees (*Both full and part-time*)

Exact Number of Owners/Officers Are owners/officers to be covered? Yes*** No

***In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply.*

****Coverage of owners/officers is subject to underwriter approval.*

SUBMISSIONS

Email: bondsubs@btisinc.com

Fax: 916.772.9292

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.