

Individual
Partnership
Corporation
Limited Liability Company
Limited Liability Partnership



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Dishonesty Fidelity/Forgery Bond Application (Please Print or Type)

Applicant					
Who is requiring the bond (Obligee)					
Obligee's Address:		City:		State:	
Business Name (Must be exactly as it appears on your license)					
Business Address (include any branch location addresses):					
City:			State:		Zip:
Mailing Address					
City:			State:		Zip:
Applicant's Ph:		Applicant's Fax:		Applicant's E Mail:	
Type of Business:					
Purpose and Function:					
Does the business or any owner? (If answer is yes to any of these questions, attach an explanation)					
Are you currently covered?		YES NO, if yes Amount \$		Ins. Company Policy No.	
Have you sustained any employee dishonesty losses in the past 6 years? YES NO, if yes please give full detail in a separate letter.					
Date of Loss		Amount		Description	
Precautions taken to prevent repetition					
Exact number of Owners		Are Owners to be covered? YES NO		Exact number of Employees (full & part-time)	
Amount of Dishonesty Coverage requested:		\$5,000 \$10,000		\$25,000 \$50,000 \$100,000	
Subject to a minimum of \$100 deductible. The bond may contain a criminal conviction clause					

Complete this section when applying for Dishonesty and/or Forgery

Business Classification: "A" For Profit Non-Profit Social Organizations – Officers Only					
Businesses such as 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 officers are in the regular service of the insured and compensated by salary, wages etc.)					
Exact number of Officers		; Are officers to be covered? YES NO			
Business Classification: "B"					
Businesses with more exposure such as cafes, gas stations, retail stores, businesses with salespeople, courier services (except those handling cash and negotiable instruments), and Non-Profit social organizations (officers and employees –Note: Volunteers not covered unless endorsement added by Company) and may contain a conviction clause.					
Exact number of Owners/Officers		; Are Owners/Officers to be covered? YES NO			
If Officers to be covered list officers Positions:					
For dishonesty limits \$50,000 and over, please complete the following:					
Will countersignature of checks be required?		Yes NO By Whom?			
How often will a complete audit be made?		When was last audit made?			
By whom was audit made?		CPA Independent accountant Employee of Applicant			
Are Bank accounts reconciled by someone not authorized to deposit or withdraw there from?		Yes NO			
Amount of Forgery coverage desired? \$		Deductible \$			
Coverage is primary		Coverage is excess over Applicants company/ policy #			

The undersigned agree that the information in this application is true and if their application for Fidelity/Forgery Coverage is approved they will execute the company's specific application and Fraud statement which becomes an integral part of this application and pay the premium due as a condition to issue the bond.

Signed and dated this _____ day of _____, 20____ By: _____
(Signature) Trustee (Title)