

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)