☐ **Individual**
☐ **Partnership**
☐ **Corporation**
☐ **Limited Liability Company**
☐ **Limited Liability Partnership**

LSJ INSURANCE AGENCY INC
SURETY BONDS AND INSURANCE

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e: info@lsjins.com; www.lsjins.com

Janitorial Bond Application (Please Print or Type) sign and fax application to us

Applicant:			
Who is requiring the bond (Obligee):			
Obligee's Address:	City:	State:	Zip:
Business Name (Must be exactly as it appears on your license):			
Business Address *(include any branch location addresses):*			
City:	State:	Zip:	
Mailing Address *(if different):*			
City:	State:	Zip:	
Applicant's Ph:	Applicant's Fax:	Applicant's E Mail:	
Purpose and Function:			

Does the business or any owner? (*If answer is yes to any of these questions, attach an explanation)*

1. Are you currently covered? ☐ YES ☐ NO, If yes Amount $_____
   Insurance Company Name: _____ Policy No. _____
2. Have you sustained any employee dishonesty losses in the past 6 years? ☐ YES ☐ NO
   (If yes please give full detail)

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 Janitorial 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)*

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)