

- Individual
- Partnership
- Corporation
- Limited Liability Company
- Limited Liability Partnership



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**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? <input type="checkbox"/> YES <input type="checkbox"/> NO, If yes Amount \$ _____			
Insurance Company Name: _____ Policy No. _____			
2. Have you sustained any employee dishonesty losses in the past 6 years? <input type="checkbox"/> YES <input type="checkbox"/> NO			
(If yes please give full detail)			
<u>Date of Loss</u>	<u>\$ Amount</u>	<u>Description</u>	<u>Precautions taken to prevent repetition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Exact number of Owners: _____	Are Owners to be covered? <input type="checkbox"/> YES <input type="checkbox"/> NO	Exact number of Employees (full & part-time): _____	
Amount of Janitorial Dishonesty Coverage requested: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$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)