



DISHONESTY BOND APPLICATION

APPLICANT	HAVE YOU SUSTAINED ANY EMPLOYEE DISHONESTY LOSSES IN THE LAST 6 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE GIVE US ALL THE DETAILS IN A LETTER.				
NAME OF BUSINESS	Amount of coverage requested			<input type="checkbox"/> 1-YEAR BOND <input type="checkbox"/> 3-YEAR BOND <small>(3 YEAR BOND = REDUCED RATE OF 2.85X ANNUAL PREMIUM)</small>	
ADDRESS (INCLUDE ANY BRANCH LOCATION ADDRESSES)	<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	CITY	STATE	ZIP	TYPE OF BUSINESS PURPOSE AND FUNCTION:

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. (OWNERS/OFFICERS ARE NOT COVERED UNDER THIS BOND, UNLESS THE INSURED IS A CORPORATION, AND THE OWNERS/OFFICERS ARE IN THE REGULAR SERVICE OF THE INSURED AND COMPENSATED BY SALARY, WAGES, ETC.)

EXACT NUMBER OF EMPLOYEES _____ (BOTH FULL AND PART-TIME)

ARE OFFICERS TO BE COVERED? YES*** NO

EXACT NUMBER OF OFFICERS _____ (ATTACH LIST OF OFFICER POSITIONS)

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

BY WHOM? _____

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

ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW THEREFROM? YES NO

HOW OFTEN? _____

****B** BUSINESS WITH MORE EXPOSURE SUCH AS CAFES, GAS STATIONS, RETAIL STORES BUSINESS WITH SALESPeOPLE, NON-PROFIT SOCIAL ORGANIZATIONS (OFFICERS AND EMPLOYEES – NOTE: VOLUNTEERS NOT COVERED UNLESS AN ENDORSEMENT ADDED BY COMPANY) AND COURIER SERVICES (EXCEPT THOSE HANDING CASH AND NEGOTIABLE INSTRUMENTS). **CONTAINS A CONVICTION CLAUSE.**

EXACT NUMBER OF EMPLOYEES _____ (BOTH FULL AND PART-TIME)

EXACT NUMBER OF OWNERS/OFFICERS _____

ARE OWNERS/OFFICERS TO BE COVERED? YES *** NO

NO. OF EMPLOYEES	AMOUNT OF COVERAGE				
	\$5,000	\$10,000	\$25,000	\$50,000	\$100,000
5 OR LESS	\$ 100.00	\$ 114.82	\$ 170.10	\$ 233.89	\$ 326.03
6	100.00	124.74	184.28	252.32	348.71
7	100.64	134.66	198.45	270.74	371.39
8	107.73	144.59	212.63	289.17	394.07
9	114.82	154.51	226.80	307.60	416.75
10	121.91	164.43	240.98	326.03	439.43
11	128.99	174.35	255.15	344.45	462.11
12	136.08	184.28	269.33	362.88	484.79
13	143.17	194.20	283.50	381.31	507.47
14	150.26	204.12	297.68	399.74	530.15
15	157.34	214.04	311.85	416.16	552.83
16	164.43	223.97	326.03	436.59	575.51
17	171.52	233.89	340.20	455.02	598.19
18	178.61	243.81	354.38	473.45	620.87
19	185.69	253.73	368.55	491.87	643.55
20	192.78	263.66	382.73	510.30	666.23
21	199.87	273.58	396.90	528.73	688.91
22	206.96	283.50	411.08	547.16	711.59
23	214.04	293.42	425.25	565.58	734.27
24	221.13	303.35	439.43	584.01	756.95
25	228.22	313.27	453.60	602.44	779.63
26 OR MORE	CONTACT THE COMPANY				
3 YEAR PREPAID PREMIUM: 2.85 TIMES ANNUAL PREMIUM.					
ANNUAL PREMIUM BASED ON NO LOSSES IN LAST 5 YEARS.					

- * SINCE THIS IS BLANKET POSITION COVERAGE, COUNT ALL EMPLOYEES (INCLUDING OWNERS/OFFICERS IF THEY ARE TO BE INCLUDED IN COVERAGE) WHEN COMPUTING THE PREMIUM. RATES ARE SUBJECT TO CHANGE.
- ** 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 SUBJECT TO UNDERWRITER APPROVAL.

YOUR LOCAL AGENT IS:

AGENT'S NAME: PREFERRED BONDING & INSURANCE SERVICES
ADDRESS: 1800 MCCOLLUM STREET
LOS ANGELES, CA 90026
PHONE: 323-663-7814 FAX: 323-663-7834
AGENT'S CODE: 04 - 21347

DATE: THE EFFECTIVE DATE OF THE BOND WILL BE THE DATE THE BOND IS ISSUED.

CHECK HERE IF THIS HAS BEEN PREVIOUSLY FAXED.