

SURETY PLACEMENT SERVICES LLC

Dishonesty Bond Application

General Information

Applicant: _____

Name of Business: _____

Address: (include any branch location addresses) _____

City: _____ State: _____ Zip: _____

Type of Business: _____

Purpose and function: _____

Have you sustained any employee dishonesty losses in the last 6 years? Yes No If so, please provide all the details in a letter.

Amount of coverage requested: \$5,000 \$10,000 \$25,000 \$50,000 \$100,000

1-Year Bond 3-Year Bond (reduced ratio of 2.85 x annual premium)

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. (Officers are not covered under this bond, unless the insured is a corporation, and the officers are in the regular service of the insured and compensated by salary, wages, etc.)

Exact Number of Employees (both full and part-time) _____

Exact Number of Officers _____ Are officers to be covered? Yes*** No

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 Businesses with more exposure such as cafes, gas stations, retail stores, businesses with salespeople, non-profit social organizations (officers and employees – Note: *Volunteers not covered unless endorsement added by Company*) and courier services (except those handling 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

**In order to protect you and your employees against unjustified allegations or dishonesty, the employee must be convicted before coverage will apply.

*** Coverage of owners/officers is subject to underwriter approval.

Check here if this has been previously sent to us.

Surety Placement Services, LLC	
Address 7975 N. Hayden Rd. Suite C-300	
City Scottsdale	State AZ Zip 85258
Agents Code 0 2 - 1 7 3 6 9	

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a status containing a false or deceptive statement is guilty of insurance fraud.

Date _____ The effective date of the bond will be the date the bond is issued.