



DISHONESTY BOND APPLICATION

Applicant
Name of Business
Business Address (include any branch location addresses)
Mailing Address
Applicant's Phone Number
Type of Business
Purpose and function

Have you sustained any employee dishonesty losses in the last 6 years? Yes No If so, please give us 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 rate of 2.85 x annual premium)

Classification of Business
A Professional and business offices such as accountants, architects, physicians, dentists, insurance agents, and attorneys.
Exact Number of Employees
Exact Number of Officers
Are officers to be covered?
A Non-Profit Social Organizations - Officers Only
Exact Number of Officers
For Dishonesty A limits \$50,000 and over, please complete the following:
Will countersignature of checks be required?
How often will a complete audit be made?
By whom was audit made?
Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?

**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
Exact Number of Owners/Officers
Are owners/officers to be covered?

Check here if this has been previously faxed to us.

Your CNA Surety Agent is:
Address
Agent's Code

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim 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.