

Individual
Partnership
Corporation
Limited Liability Company
Limited Liability Partnership



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Dishonesty Fidelity/Forgery Bond Application (Please Print or Type)

Applicant					
Who is requiring the bond (Obligee)					
Obligee's Address:		City:		State:	
Business Name (Must be exactly as it appears on your license)					
Business Address (include any branch location addresses):					
City:			State:		Zip:
Mailing Address					
City:			State:		Zip:
Applicant's Ph:		Applicant's Fax:		Applicant's E Mail:	
Type of Business:					
Purpose and Function:					
Does the business or any owner? (If answer is yes to any of these questions, attach an explanation)					
Are you currently covered? YES NO, if yes Amount \$ Ins. Company Policy No.					
Have you sustained any employee dishonesty losses in the past 6 years? YES NO, if yes please give full detail in a separate letter.					
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 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					

Complete this section when applying for Dishonesty and/or Forgery

<p>Business Classification: "A" For Profit Non-Profit Social Organizations – Officers Only</p> <p>Businesses such as 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 officers are in the regular service of the insured and compensated by salary, wages etc.)</p> <p>Exact number of Officers ; Are officers to be covered? YES NO</p>					
<p>Business Classification: "B"</p> <p>Businesses with more exposure such as cafes, gas stations, retail stores, businesses with salespeople, courier services (except those handling cash and negotiable instruments), and Non-Profit social organizations (officers and employees –Note: Volunteers not covered unless endorsement added by Company) and may contain a conviction clause.</p> <p>Exact number of Owners/Officers ; Are Owners/Officers to be covered? YES NO</p> <p>If Officers to be covered list officers Positions:</p>					
<p>For dishonesty limits \$50,000 and over, please complete the following:</p> <p>Will countersignature of checks be required? Yes NO By Whom?</p> <p>How often will a complete audit be made? When was last audit made?</p> <p>By whom was audit made? CPA Independent accountant Employee of Applicant</p> <p>Are Bank accounts reconciled by someone not authorized to deposit or withdraw there from? Yes NO</p>					
Amount of Forgery coverage desired? \$ Deductible \$					
Coverage is primary			Coverage is excess over Applicants company/ policy #		

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)