



Dishonesty Bond Application

Name of Insured _____ Type of Business _____

Business Address _____ Amount of Coverage Requested _____

Total Number of Employees (both full and part-time) _____ \$5,000 \$10,000 \$25,000

Total Number of Owners _____

1 Year Bond 3 Year Bond (reduced rate of 2.85 x annual premium - Type B only)

Have you sustained any employee dishonesty losses in the last 6 years? Yes No (If so, give details in a letter.)

Business Classification:

Type A: Professional Services - Engineering, Architectural, Accounting, offices of Physicians, Dentists, Lawyers, Optometrists, Chiropractors, etc. 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.

Type B*: All Other Businesses and Organizations - Retail, Wholesale, Personal Services, Transportation, etc. Owners may be covered but coverage is subject to underwriter approval. Are owners to be covered? Yes No

Bond form contains conviction clause

* In order to protect you and your employees against unjustifiable allegations or charges of dishonesty, the employee must beconvicted of the alleged dishonesty before coverage will apply.

Agency Name _____ Agency Code _____

Address _____ Date _____

Coverage is not effective until application is accepted by the Company. The bond's effective date will be the date the bond is issued.

Premium examples for \$10,000 and \$25,000 coverage

Type A Dishonesty Bond

(Select Professions)

Available Insurance - Commercial Blanket coverage (covers all employees for an aggregate amount).

Type of Business	Premium*	
	\$10,000	\$25,000
Architects, Accountants, Attorneys	\$145.00	\$215.00
Dentists, Physicians, Optometrists	\$100.00	\$108.00
Charitable Organizations	\$100.00	\$100.00
Benevolent Organizations	\$100.00	\$100.00
Insurance Agents	\$196.00	\$290.00

- All figures are for five (5) or less employees.
- Above rates are examples. Other businesses may take slightly higher or lower rates, and will be quoted upon request.
- Annual premium-based on no losses in last 3 years

Type B Dishonesty Bond

(Other Businesses)

Available Insurance - Blanket coverage on each individual for:

*No. Employees	Amount of Coverage		
	\$5,000	\$10,000	\$25,000
5 or less	\$100.00	\$101.25	\$150.00
6	\$100.00	\$110.00	\$162.00
7	\$100.00	\$118.75	\$175.00
8	\$100.00	\$127.50	\$187.50
9	\$101.25	\$136.25	\$200.00
10	\$107.50	\$145.00	\$212.50
11	\$113.75	\$153.75	\$225.00
12	\$120.00	\$162.50	\$237.50
13	\$126.25	\$171.25	\$250.00
14	\$132.50	\$180.00	\$262.50

- 15 or more - Contact the Company for rates
- Three Year Prepaid Premium: 2.85 times Annual Premium
- *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.