



DISHONESTY BOND APPLICATION

Applicant _____ Phone No. _____

Name of Business _____ Fax No. _____

Address (include any branch location addresses) _____
Street and Number

_____ 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 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 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 of dishonesty, the employee must be convicted before coverage will apply.
 ***Coverage of owners/officers is subject to underwriter approval.

***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.**

Agency **SOUTH COAST SURETY** INSURANCE SERVICES, INC.

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 www.southcoastsurety.com
 e-mail surety@southcoastsurety.com

Agent's Code 04-21062 CDOI Lic# 0B57612

Check here if this has been previously faxed to us.

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

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.