



For Office Use Only _____

JANITORIAL SERVICES BOND APPLICATION

Applicant _____

Name of Business _____

Business Phone _____ Fax _____ Home Phone _____

Address (include any branch location addresses) _____

Street and Number

City

State

Zip

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.

Exact Number of Owners _____ Are owners to be covered? Yes No

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

Amount of coverage requested: \$2,500 \$5,000 \$10,000

Subject to \$100 deductible. \$25,000 \$50,000 \$100,000

***Contains a criminal conviction clause.**

1-Year Bond

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

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

Check here if this has been previously faxed to us.

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

Address 209 Avenida Fabricante, Ste. 120
San Clemente, California 92672
949-361-1692 Fax 949-361-9926
www.southcoastsurety.com
e-mail surety@southcoastsurety.com

Agent's Code 04-21062

CDOI Lic# 0B57612

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.