

APPLICATION FOR BUSINESS SERVICES BOND*
INCLUDING JANITORIAL, SECURITY GUARD, HOME HEALTH CARE
SERVICES, AND TEMPORARY EMPLOYMENT AGENCIES

To Order a Bond

Enter below the bond limits you want.
 Complete this application and mail with
 payment, your original signature to:

SOUTH COAST SURETY INS. SVCS., INC.
 209 Avenida Fabricante, Ste.120,
 San Clemente, CA 92673

Business Ph # _____

Business Fax # _____

Home Ph # _____

Email _____

Name of Insured _____		
Business Address _____		
City	State	Zip

Total Number Desiring Coverage:		Type of Business
Employees & Officers	Owners	

Amount of Bond \$ _____
Effective Date** _____
Please see Premium Chart for amounts available and rates

Have you sustained any employee dishonesty losses in the last 6 years?

- No
- Yes - give date(s), amount(s), employee's name(s) and action(s) taken.

Signature of Applicant _____ Date _____

****Coverage is not effective until application is accepted by the Old Republic Surety Co. underwriter**

California Only

Agent:
SOUTH COAST SURETY INS. SVCS., INC.
 209 Avenida Fabricante, Ste. 120,
 San Clemente, CA 92673

* In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted of the alleged dishonesty before coverage would apply (except in North Carolina only: The word "conviction/convicted" is replaced with "indictment/indicted").