



### 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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 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.**