



SHORT FORM FIDELITY BOND APPLICATION
COVERAGES OF \$250,000 AND UNDER

REQUEST FOR [] QUOTE [] ISSUE

Exact Name of Applicant: _____

Address: _____

Employee Benefit Plans to be insured [] Check if coverage ONLY on Plans

Form of Organization: [] Corporation [] Partnership [] Sole Proprietorship - Type of Business _____

COVERAGE LIMITS DESIRED

COVERAGE A - EMPLOYEE DISHONESTY \$ _____
COVERAGE B - FORGERY OR ALTERATION \$ _____
COVERAGE C - MONEY AND SECURITIES (in and out) \$ _____
PROPOSED DEDUCTIBLE \$ _____

INTERNAL CONTROLS

Employees who reconcile monthly bank statements also:

- [] Yes [] No Sign Checks? / [] Yes [] No Handle bank deposits? / [] Yes [] No Have access to check signing machines or signature plates?
[] Yes [] No At least two signatures required on checks? If yes, over what threshold? \$ _____
[] Yes [] No Is a CPA involved in applicant's financial reporting?

If yes, are financial statements [] Audited [] Reviewed [] Compiled

Total number of employees: _____ Number of officers: _____

Number of employees who regularly handle money, securities or merchandise: _____

List any crime losses suffered in the last 3 years. [] Check if none _____

THE FOLLOWING INFORMATION IS NEEDED ONLY IF COVERAGE C IS REQUESTED

Number of locations: _____ [] Yes [] No Is there a safe with a combination lock at main location?

Table with 5 columns: Exposures at main location, Cash, Securities and Retail Checks, Non-Retail Checks, Payroll Checks. Rows include While open for business, While Closed, and When in custody of a messenger outside the premises.

APPLICATION COMPLETED BY: _____

(On \$250,000 and under applications—WE DO NOT NEED applicants signature.)