



## TEXAS BUSINESS SERVICES BOND APPLICATION

(For Janitorial Service Companies)

Applicant _____		
Name of Business _____		
Business Address _____		
Street and Number		
_____	_____	_____
City	State	Zip
Mailing Address _____		
Street and Number		
_____	_____	_____
City	State	Zip
Applicant's Phone Number _____		

Have you sustained any employee dishonesty losses in the last 6 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please give us all the details in a letter.	
Exact Number of Owners _____	Are owners to be covered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Exact Number of Employees (Both full and part-time) _____	

Amount of coverage requested: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	<input type="checkbox"/> 1-Year Bond
<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000	<input type="checkbox"/> 3-Year Bond
<b>*Contains a criminal conviction clause.</b>	(reduced rate of 2.7 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.

<b>Your CNA Surety Agent is:</b>		
_____		
Address _____		
Street		
_____	_____	_____
City	State	Zip
Agent's Code _____		

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

P.O. Box 5077 Sioux Falls, South Dakota 57117-5077  
1-800-331-6053 FAX 1-605-335-0357  
www.cnasurety.com