

## Atkinson Bros. Agency



### Instructions Dishonesty Bond

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#### **BUY Your Dishonesty Bond:**

Atkinson Bros. Agency and CNA Surety have partnered to support you with your dishonesty bond needs. As partners, we uniquely understand the urgency around your bond need and the importance of protecting your business.

#### **Application Process:**

Simply complete the application that follows; making sure to complete all applicable fields providing your email /phone number in case we need to contact you. Then, simply click the Submit button delivering the application to CNA Surety's Processing Center.

You should expect to receive a response to your submission by the end of the next business day. Payment Instructions either via a bank transfer or credit card will accompany the bond.

#### **Additional Instructions — Filing, Maintenance, Cancellation, Payment:**

Whether you have questions around, making changes, making a payment, technical issues with the application, or any other request, help is just a phone call away at **800-331-6053** *please reference you are calling about your Atkinson Bros. Agency bond submission*. Between 7:30 am and 6:00 pm Central Time, you will be connected to Specialists who can quickly answer your bond related questions or make changes to your bond. After hours, feel free to leave a voice mail and expect a response early the next business day. If you prefer email, contact us at [info@cnasurety.com](mailto:info@cnasurety.com) and receive the same fast, knowledgeable service.



101 S. Reid St.  
Sioux Falls, SD 57103

Phone: 800-331-6053 • FAX: 605-335-0357  
Email: [info@cnasurety.com](mailto:info@cnasurety.com) • Web: [www.cnasurety.com](http://www.cnasurety.com)



P.O. Box 2153  
Crosby, TX 77532-8153

Phone: 713-664-4021 • FAX: 713-664-8156  
Email: [bond@atkinsonbros.com](mailto:bond@atkinsonbros.com)  
Web: [www.notarysource.com](http://www.notarysource.com)

## DISHONESTY BOND APPLICATION

Name of Applicant/Business/Organization \_\_\_\_\_

Type of Business or Organization  Sole Proprietorship  Partnership  Corporation  LLC  LLP  Non-Profit

Physical Address \_\_\_\_\_  
Street and Number City State Zip

Mailing Address \_\_\_\_\_  
Street and Number City State Zip

Type of Business & Function \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone # \_\_\_\_\_

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) (TX - 3 year term only available for Dishonesty B)

<p><b>Dishonesty A for Professional and Business Offices</b>                  Includes accountants, architects, physicians, dentists, insurance agents, attorneys and similar-type professionals.                  (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.)</p> <p>Exact Number of Employees (Both full and part-time) _____</p> <p>Exact Number of Officers _____</p> <p>Are officers to be covered? <input type="checkbox"/> Yes*** <input type="checkbox"/> No</p> <p>For Texas, include a list of officer titles.                  For Texas, Dishonesty A coverage is written as Commercial Blanket.</p>	<p><b>Dishonesty A for Non-Profit Social Organizations</b>                  When covering Officers - tell us how many and titles below                  When covering Employees + Officers - also complete Dish B below                  When covering Employees only - skip to complete Dish B below</p> <p>Exact Number of Officers _____ (Provide officer positions below)</p> <p style="text-align: center;"><b>Officer Positions</b></p> <p>Title _____ Title _____</p> <p>Title _____ Title _____</p> <p>Title _____ Title _____</p>
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**For Dishonesty A limits \$50,000 and over, please complete the following:**

Will countersignature of checks be required?  Yes  No

How often will a complete audit be made? \_\_\_\_\_

When was last audit made? \_\_\_\_\_

By whom was audit made? \_\_\_\_\_

Certified Public Accountant  Independent Accountant  Other \_\_\_\_\_

Are bank accounts reconciled by someone not authorized to deposit or withdraw there from (separation of duties)  Yes  No

How often? \_\_\_\_\_

**OR**

**Dishonesty B for Retail, For-Profit, and All Other Businesses \*\***

Businesses with more exposure such as cafes, gas stations, retail stores, businesses with salespeople, home/condo owner associations, non-profit social organizations (officers and employees) and courier services (except those handling cash and negotiable instruments).

**Note:** Independent contractors and volunteers are not covered unless endorsement is added by the surety.

**Contains a conviction clause.**

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

Exact Number of Owners/Officers \_\_\_\_\_ (Provide officer positions)

Are officers to be covered?  Yes\*\*\*  No

**Officer Positions (HOA/Condo Association Only)**

Title \_\_\_\_\_ Title \_\_\_\_\_ Title \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_ Title \_\_\_\_\_

The effective date of the bond will be the date the bond is issued or future date by request.

**Your CNA Surety Agent is:**

Name Atkinson Bros. Agency

Address P.O. Box 2153

Crosby TX 77532-8153  
City State Zip

Agent's Code 4 2 - 0 0 1 4 7

\*A or B coverage subject to underwriter discretion.  
 \*\*In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply.  
 \*\*\*Coverage of officers is subject to underwriter approval.

**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.**

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