



**Form 40
PUBLIC OFFICIAL AND EMPLOYEE'S
BLANKET BOND APPLICATION**

Complete Name of Obligee				Classify Obligee State <input type="checkbox"/> , county <input type="checkbox"/> , city <input type="checkbox"/> , town <input type="checkbox"/> , village <input type="checkbox"/> , or other political subdivision <input type="checkbox"/>							
Physical Address (Street & Number)			(City)	(State)	(Zip)	Mailing Address (if different than Physical Address) (Street & Number)			(City)	(State)	(Zip)

BOND INFORMATION

Amount of Bond \$	Effective date	Premium payable: prepaid <input type="checkbox"/> 1 yr, <input type="checkbox"/> 2 yrs, <input type="checkbox"/> 3 yrs, <input type="checkbox"/> 4 yrs
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TOTAL NUMBER OF EMPLOYEES

TYPE OF COVERAGE

- Insuring Agreement 1 Honesty Blanket Bond Coverage — Covers all public employees for a stated amount.
 Insuring Agreement 2 Honesty Blanket Position Bond Coverage — Covers each public employee for a stated amount.
 Insuring Agreement 3 Faithful Performance Blanket Bond Coverage — Covers all public employees for a stated amount.
 Insuring Agreement 4 Faithful Performance Blanket Position Bond Coverage — Covers each public employee for a stated amount.

Position	Amount of Excess Coverage (if any)

AUDITS

How often will a complete audit be made?	When was last audit made?	By whom was audit made? Public Official <input type="checkbox"/> Certified Public Accountant <input type="checkbox"/> Employee <input type="checkbox"/>	Were any discrepancies found? <input type="checkbox"/> Yes <input type="checkbox"/> No
What losses have you sustained within the past five years?		What class of employee or official caused such loss?	
What has been done to prevent recurrence of such loss?		Are the number of employees or officials likely to be increased substantially during the term of this bond? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Agency
Address (Street)
(City) (State) (Zip)
Agent's Code _____ - _____

Date
Name of Obligee
By Signature and Title