



TEXAS BUSINESS SERVICES BOND APPLICATION
(For Janitorial Service Companies)

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

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 (reduced rate of 2.7 x annual premium)
*Contains a criminal conviction clause.	

* 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.

Your CNA Surety Agent is:			

Address _____			
Street			
_____		_____	
City	State	Zip	
Agent's Code _____			

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Date <input type="text"/>	The effective date of the bond will be the date the bond is issued.
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