



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 _____

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>Dishonesty A for Professional and Business Offices 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>Dishonesty A for Non-Profit Social Organizations 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;">Officer Positions</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.

Officer Positions (HOA/Condo Association Only)

Exact Number of Employees (Both full and part-time) _____ Title _____ Title _____ Title _____

Exact Number of Owners/Officers _____ (Provide officer positions) Title _____ Title _____ Title _____

Are officers to be covered? Yes*** No

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 _____

Address _____
Street

City _____ State _____ Zip _____

Phone Number _____

Agent's Code _____

*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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