



### 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><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.**

<p>Exact Number of Employees (Both full and part-time) _____</p> <p>Exact Number of Owners/Officers _____ (Provide officer positions)</p> <p>Are officers to be covered? <input type="checkbox"/> Yes*** <input type="checkbox"/> No</p>	<p><b>Officer Positions (HOA/Condo Association Only)</b></p> <p>Title _____ Title _____ Title _____</p> <p>Title _____ Title _____ Title _____</p>
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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.

**For your protection California law requires the following to appear on this form: 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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