



JANITORIAL SERVICES BOND APPLICATION

| | | |
|--|-------|-------------------|
| Applicant _____ | | |
| Name of Business _____ | | |
| Business Address (include any branch location addresses) _____ | | |
| | | 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 |
| Subject to \$100 deductible. <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 | <input type="checkbox"/> 3-Year Bond (reduced rate of 2.85 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 _____ — _____ | | |

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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Date The effective date of the bond will be the date the bond is issued.



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www.cnasurety.com