



**SOLUTIONS SPECIALTY**  
INSURANCE BROKERS

4437 E Slauson Ave, Maywood CA 90270, Tel: (323) 771-0777, Fax: (323) 771-9977

**DISHONESTY BOND APPLICATION**

|  |       |  |
|--|-------|--|
| Applicant  |       | Phone No.  |
| Name of Business   |       | Fax No.  |
| Address (include any branch location addresses)  |       |  |
|  |       | Street and Number  |
| City   | State | Zip  |
| Type of Business   |       |  |
| Purpose and function   |       |  |
| Have you sustained any employee dishonesty losses in the last 6 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please give us all the details in a letter.   |       |  |
| Amount of coverage requested: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000  |       |  |
| <input type="checkbox"/> 1-Year Bond <input type="checkbox"/> 3-Year Bond (reduced rate of 2.85 x annual premium)  |       |  |
| Classification of Business *A or B coverage subject to underwriter discretion.   |       |  |
| <input type="checkbox"/> <b>A Professional and business offices</b> such as accountants, architects, physicians, dentists, insurance agents, and attorneys. (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.)   |       |  |
| Exact Number of Employees (Both full and part-time) _____  |       |  |
| Exact Number of Officers   |       | Are officers to be covered? Yes <input type="checkbox"/> *** No <input type="checkbox"/> |
| <input type="checkbox"/> <b>A Non-Profit Social Organizations - Officers Only</b>  |       |  |
| Exact Number of Officers   |       | (Attach list of officer positions)   |
| ***Coverage of officers is subject to underwriter approval.  |       |  |
| <b>For Dishonesty A limits \$50,000 and over</b> , please complete the following:  |       |  |
| Will countersignature of checks be required? Yes <input type="checkbox"/> No <input type="checkbox"/> By whom?   |       |  |
| How often will a complete audit be made?   |       | When was last audit made?  |
| By whom was audit made?  |       |  |
| Certified Public Accountant  |       | Independent Accountant Employee of Insured   |
| Are bank accounts reconciled by someone not authorized to deposit or withdraw there from? Yes <input type="checkbox"/> No <input type="checkbox"/>   |       |  |
| How often?   |       |  |
| <input type="checkbox"/> <b>**B Businesses with more exposure</b> such as cafes, gas stations, retail stores, businesses with salespeople, non-profit social organizations (officers and employees - Note: Volunteers not covered unless endorsement added by Company) and courier services (except those handling cash and negotiable instruments).<br><b>Contains a conviction clause.</b> |       |  |
| Exact Number of Employees (Both full and part-time) _____  |       | Exact Number of Owners/Officers _____  |
| Are owners/officers to be covered? <input type="checkbox"/> Yes*** <input type="checkbox"/> No   |       |  |
| **In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply.   |       |  |
| ***Coverage of owners/officers is subject to underwriter approval.   |       |  |

\*Since this is blanket position coverage, count all employees (including owners/officers if they are to be included in coverage) when computing the premium. Rates are subject to change. The effective date of the bond will be the date the bond is issued.

**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.**