

## BUSINESS SERVICE BOND APPLICATION

Agency Name: \_\_\_\_\_ Agency No. \_\_\_\_\_ Bond No. \_\_\_\_\_

Business Name (Must be exactly as it is to appear on the bond)  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Type of Business \_\_\_\_\_

Amount of Bond \$ \_\_\_\_\_ Effective Date \_\_\_\_\_

Number of Owners: \_\_\_\_\_

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

How long have you been in business? \_\_\_\_\_

Do you investigate the employment history of job applicants?  Yes  No If "No", please explain below:  
\_\_\_\_\_

Do you perform criminal history background checks on job applicants?  Yes  No If "No", please explain below:  
\_\_\_\_\_

Have you had a bond with another surety?  Yes  No If "Yes", what is the reason for changing companies?  
\_\_\_\_\_

Have you had any prior losses of clients' property?  Yes  No If "Yes", please attach details on a separate sheet

### CONVICTION CLAUSE

In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be tried and convicted of the alleged dishonest act in a court of proper jurisdiction before coverage will apply.

### READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgment of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

The insured represents that the information furnished in this application and any supplemental application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in the application or otherwise, shall be grounds for the rescission of any coverage issued on reliance upon such information. Be aware that the underwriting company has relied on your answers in accepting, rating and issuing your policy and where applicable in certain jurisdictions, this application becomes part of the policy issued to the insured as an endorsement.

The individuals and/or organizations indicated below hereby agree that any electronic signatures (including facsimile signatures) utilized in connection with the execution of this document shall be considered originals and be fully binding and enforceable. Further, the use of any electronic signature by a party shall be evidence of that party's intent to be bound to the terms of such document. The parties agree that they shall not raise any defense (statutory or otherwise) to the enforceability of this document based upon the fact an electronic signature has been used.

**FRAUD STATEMENT**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THAT PERSON TO CRIMINAL AND/OR CIVIL PENALTIES. PENALTIES MAY INCLUDE CONFINEMENT IN PRISON, FINES AND DENIAL OF INSURANCE BENEFITS.

Signed at \_\_\_\_\_ Insured: \_\_\_\_\_

This \_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_ By: \_\_\_\_\_  
(Signature) (Title)

\_\_\_\_\_  
(Print Name)

**SUBMITTING AGENTS INFORMATION**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_