

FIDELITY BOND APPLICATION

Legal Business Name _____

Address _____

Phone No. _____ Email _____

Type of Business: _____ Individual/Sole Proprietorship _____ Partnership
_____ S Corporation _____ C Corporation
_____ LLC (Ltd Liability Corp) _____ LLP (Ltd Liability Pshp)
_____ Non-Profit Corporation

Date Formed: _____ Years of Experience in Trade: _____

Desired Effective Date of Bond: _____

Bond Amount Desired \$ _____ Deductible \$ _____

Previously bonded? _____ If so, when? _____

Name of surety _____

Ever Caused a Surety a Loss or Had a Bond Claim?: _____ If yes, please explain on separate page.

Any principal or owner file bankruptcy, have open judgments or tax liens? _____

Number of Employees Full Time _____ Part Time _____

Are Owners to be Covered? Yes _____ No _____ No. of Owners _____

Are counter-signatures required? _____ By Whom? _____

Are annual audits performed? _____ By Whom? _____

Are bank deposits reconciled
by person not authorized to
withdraw or deposit?

Number of officers and
persons who handle
cash

Coverage Desired

_____ Blanket Coverage

_____ Position Schedule (please list positions)

Application completed by:

Please return application to:

Amy Thompson
amy.thompson@assuredpartners.com

Or

Fax: 651-342-1763