



DISHONESTY BOND APPLICATION

Name of Applicant/Business/Organization _____			
Type of Business or Organization <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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) (TX - 3 year term only available for Dishonesty B)			

Dishonesty A for Professional and Business Offices 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.) Exact Number of Employees (Both full and part-time) _____ Exact Number of Officers _____ Are officers to be covered? <input type="checkbox"/> Yes*** <input type="checkbox"/> No For Texas, include a list of officer titles. For Texas, Dishonesty A coverage is written as Commercial Blanket.	Dishonesty A for Non-Profit Social Organizations 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 Exact Number of Officers _____ (Provide officer positions below) Officer Positions Title _____ Title _____ Title _____ Title _____ Title _____ Title _____
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For Dishonesty A limits \$50,000 and over, please complete the following:	
Will countersignature of checks be required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How often will a complete audit be made? _____	
When was last audit made? _____	
By whom was audit made? _____	
<input type="checkbox"/> Certified Public Accountant <input type="checkbox"/> Independent Accountant <input type="checkbox"/> Other _____	
Are bank accounts reconciled by someone not authorized to deposit or withdraw there from (separation of duties) <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
Officer Positions (HOA/Condo Association Only)	
Exact Number of Employees (Both full and part-time) _____	Title _____ Title _____ Title _____
Exact Number of Owners/Officers _____ (Provide officer positions)	
Are officers to be covered? <input type="checkbox"/> Yes*** <input type="checkbox"/> No	Title _____ Title _____ Title _____

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.

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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