

Kentucky Farm Bureau



DISHONESTY BOND APPLICATION

Name of Applicant/Business/Organization _____

Type of Business or Organization Sole Proprietorship Partnership Corporation LLC LLP 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? Yes No If so, please give us all the details in a letter.

Amount of coverage requested: \$5,000 \$10,000 \$25,000 \$50,000 \$100,000

1-Year Bond 3-Year Bond (reduced rate of 2.85 x annual premium) (TX - 3 year term only available for Dishonesty B)

<p>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.)</p> <p>Exact Number of Employees (Both full and part-time) _____</p> <p>Exact Number of Officers _____</p> <p>Are officers to be covered? <input type="checkbox"/> Yes*** <input type="checkbox"/> No</p> <p>For Texas, include a list of officer titles. For Texas, Dishonesty A coverage is written as Commercial Blanket.</p>	<p>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</p> <p>Exact Number of Officers _____ (Provide officer positions below)</p> <p>Officer Positions</p> <p>Title _____ Title _____</p> <p>Title _____ Title _____</p> <p>Title _____ Title _____</p>
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For Dishonesty A limits \$50,000 and over, please complete the following:

Will countersignature of checks be required? Yes No

How often will a complete audit be made? _____

When was last audit made? _____

By whom was audit made? _____

Certified Public Accountant Independent Accountant Other _____

Are bank accounts reconciled by someone not authorized to deposit or withdraw there from (separation of duties) Yes 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.

Exact Number of Employees (Both full and part-time) _____

Exact Number of Owners/Officers _____ (Provide officer positions)

Are officers to be covered? Yes*** No

Officer Positions (HOA/Condo Association Only)

Title _____ Title _____ Title _____

Title _____ Title _____ Title _____

SUB-AGENT RECOMMENDATION: Tell us what you know and think of the applicant. _____

The effective date of the bond will be the date the bond is issued or future date by request.

Agent Code: 16-16273

Sub-Agent's Name/Code _____

Sub-Agent's Address _____

Sub-Agent's Phone # _____

Sub-Agent's Fax # _____

*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.

CNA Surety
P.O. Box 5077
Sioux Falls, SD 57117-5077
1-800-331-6053
Fax 1-605-335-0357

<http://kfb.cnasurety.com> • Email: uwservices@cnasurety.com

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Dishonesty Bonds:

- Protects the insured and its customers from loss incurred by dishonest acts of its employees.
- Covers against acts by all company employees, part-time and full-time.
- Can be obtained easily and inexpensively.

Dishonesty Bonds provide the protection your client's business may be missing. To apply for coverage immediately, complete the attached application.

This application contains only a brief summary of coverage and bond provisions. All statements herein are subject to the provisions, exclusions, and conditions of the applicable bond, including the conviction clause. *CNA is a registered service mark, trade name and domain name of CNA Financial Corporation. Surety bonds from CNA Surety are underwritten by one of the CNA Surety subsidiary companies, including Western Surety Company, Universal Surety of America and Surety Bonding Company of America or may also be underwritten by one of the CNA insurance companies.*

Steps to Submitting an Application:

- 1) Complete the application in its entirety. Be sure to include sub-agent information.
- 2) Email, Fax, or Mail the completed application and any supporting information to CNA Surety at uwservices@cnaSurety.com, 1-605-335-0357, P.O. Box 5077, Sioux Falls, SD 57117-5077.

An Underwriter from CNA Surety will contact the sub-agent as soon as possible regarding the submission, by either fax, phone or mail.

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.