

Kentucky Farm Bureau



JANITORIAL SERVICES BOND APPLICATION

Applicant _____		
Name of Business _____		
Business Address (include any branch location addresses) _____		
City _____	State _____	Zip _____
Mailing Address _____		
City _____	State _____	Zip _____
Applicant's Phone # _____	Fax # _____	

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.		
Exact Number of Owners _____	Are owners to be covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exact Number of Employees (Both full and part-time) _____		

For premium information, please call 1-800-331-6053.

Amount of coverage requested: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	<input type="checkbox"/> 1-Year Bond
Subject to \$100 deductible. <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000	<input type="checkbox"/> 3-Year Bond (reduced rate of 2.85 x annual premium)
*Contains a criminal conviction clause.	

* Includes all employees. If owners covered, the premium is based on the total number of all owners and employees. Rates subject to change.

** In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply.

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

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.

Agent Code: 16-16273
Sub-Agent's Name/Code _____
Sub-Agent's Address _____
Sub-Agent's Phone # _____
Sub-Agent's Fax # _____

Date _____	The effective date of the bond will be the date the bond is issued.
<input type="checkbox"/>	Check here if this has been previously faxed to us.

CNA Surety P.O. Box 5077 Sioux Falls, SD 57117-5077 1-800-331-6053 Fax 1-605-335-0357
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<http://kfb.cnasurety.com> • Email: uwservices@cnasurety.com

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Janitorial Services Bond:

- Protects the insured's customers from losses 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.

Complete the application, and mail or fax it to CNA Surety today.

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 Corporation 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.