

DISHONESTY BOND APPLICATION

Applicant _____	Phone No. _____
Name of Business _____	Fax No. _____
Address (include any branch location addresses) _____	
City	Street and Number
State	Zip
Type of Business _____	
Purpose and 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"/> \$2500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000	
<input type="checkbox"/> 1-Year Bond <input type="checkbox"/> 3-Year Bond	
<p>Type of Business _____</p> <p>Exact Number of Employees (Both full and part-time) _____</p> <p>Exact Number of Owners/Officers _____</p> <p>Are owners/officers to be covered? <input type="checkbox"/> Yes*** <input type="checkbox"/> No</p> <p><small>**In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply. ***Coverage of owners/officers is subject to underwriter approval.</small></p> <p>*Since this is blanket position coverage, count all employees (including owners/officers if they are to be included in coverage) when computing the premium. Rates are subject to change.</p>	
Agency	SOUTH COAST SURETY INSURANCE SERVICES, INC.
Address	1031 Calle Recodo, Ste. #D San Clemente, California 92673 949-361-1692 Fax 949-361-9926 www.southcoastsurety.com e-mail surety@southcoastsurety.com CDOI Lic# 0B57612

Date

The effective date of the bond will be the date the bond is issued.

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.