



### 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"/> \$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	
Type of Business _____ Exact Number of Employees (Both full and part-time) _____ Exact Number of Owners/Officers _____ Are owners/officers to be covered? <input type="checkbox"/> Yes*** <input type="checkbox"/> No  <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>  <b>*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.</b>	
Agency	<b>SOUTH COAST SURETY</b> INSURANCE SERVICES, INC.
Address	1100 Via Callejon, Second Floor 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.