



Janitorial Service Bond Application

Name of Business _____

Business Address _____

Amount of Coverage _____

(Subject to \$100 deductible)

Total Number of Employees _____

(both full and part-time)

Total Number of Owners _____

1 Year Bond 3 Year Bond (reduced rate of 2.85 x annual premium)

Are owners to be covered?

Yes No

Have you sustained any employee dishonesty losses in the last 6 years? *(If yes, provide details in a cover letter.)*

Yes* No

* Describe your hiring practices including the applicant screening process you follow, as well as the method by which employees are supervised on each job in a cover letter.

In order to protect you and your employees against unjustifiable allegations or charges of dishonesty, the employee must be convicted of the alleged dishonesty before coverage will apply.

AGENT/BROKER INFORMATION	Agent/Broker Name	Code	Phone No.	Fax No.	City	State	Zip
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