

CNA SURETY

TEXAS DISHONESTY BOND APPLICATION

Applicant _____			
Name of Business _____			
Business Address (include any branch location addresses) _____		Street and Number _____	
_____	City _____	State _____	Zip _____
Mailing Address _____			
_____	City _____	State _____	Zip _____
Applicant's Phone Number _____			
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"/> \$100,000			
<input type="checkbox"/> 1-Year Bond <input type="checkbox"/> 3-Year Bond (reduced rate of 2.85 x annual premium - Type B only)			
Classification of Business *A or B coverage subject to underwriter discretion.			
A <input type="checkbox"/> Professional and business offices such as accountants, architects, physicians, non-profit social organizations (officers only and attach list of officers)*, dentists, insurance agents, and attorneys. (Owners/officers are not covered under this bond, unless the insured is a corporation, and the owners/officers are in the regular service of the insured and compensated by salary, wages, etc.)			
Exact Number of Employees (Both full and part-time) _____			
For Dishonesty A limits \$50,000 and over, please complete the following:			
Will countersignature of checks be required? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom? _____			
How often will a complete audit be made? _____		When was last audit made? _____	
By whom was audit made? <input type="checkbox"/> Certified Public Accountant <input type="checkbox"/> Independent Accountant <input type="checkbox"/> Employee of Insured			
Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How often? _____			
**B <input type="checkbox"/> Businesses with more exposure such as cafes, gas stations, retail stores, businesses with salespeople, non-profit social organizations (officers and employees)* and courier services (except those handling cash and negotiable instruments). Contains a conviction clause.			
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 under Type B.</small>			
<small>***Coverage of owners/officers is subject to underwriter approval</small>			

Check here if this has been previously faxed to us.

Your CNA Surety Agent is:			
Address _____		Street _____	
_____	City _____	State _____	Zip _____
Agent's Code _____			

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CNA SURETY

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