

BROWNYARD GROUP

- New Business
 RENEWAL

21 Maple Avenue • PO Box 9175 • Bay Shore, NY 11706-9175 • www.brownyard.com
Call Toll Free (800) 645-5820 • in NY (631) 666-5050 • Fax: (631) 666-5723 • info@brownyard.com

NOTE: All Questions Must Be Answered



FIDELITY BOND APPLICATION

1. NAME: (COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)
2. Physical Address: NO. STREET CITY COUNTY STATE ZIP
3. Mailing Address: NO. STREET CITY COUNTY STATE ZIP
4. Policy proposed effective date to (12:01 AM Standard Time at the address above)
5. Phone: Fax:
6. Email: Website:
7. How did you hear about us? Web surfing Ad in which publication: Other:
8. Date established: Total assets of the company:
9. Check one (✓) Proprietorship Corporation Partnership Individual LLC Other:
10. Limit Desired: \$ Deductible: \$
11. Person to contact: Title: License No.:
12. Names and titles of all Officers, Partners and Owners:
13. Describe the products of your predominant business or activity:
14. Do you want to include all subsidiaries? Yes No (attach list if necessary)

Employees And Client Census

1. Indicate the **NUMBER** of employees by category:

A. Office & Management:

Accountants	Clerical	Sales
Bookkeepers	Executives	Supervisory
Cashiers	Management	

B. Off-Site Personnel:

Alarm Installers/Monitors/Response	Pest Control Technicians/Exterminators
Armored Car Drivers/Helpers	Plumbers/Electricians
ATM Repairmen/Escorts	Polygraph Examiners
Computer Consultants	Private Investigators
Couriers (money, valuables, etc.)	Security Guards
Janitorial/Maintenance	Temporary Employees
Landscapers	Other, describe:
Locksmiths	

C. Total Number of Employees (A+B above): Full Time: Part Time:

2. Indicate the **PERCENTAGE** of the type of clients you serve (must equal 100%):

- | | |
|--|--|
| % Airports, Terminals, Shipyards | % Institutional (schools, hospitals, etc.) |
| % Construction Sites | % Offices |
| % Financial Institutions | % Residential |
| % Hotels, Motels | % Retail (malls, markets, etc.) |
| % Industrial (warehouses, factories, etc.) | % Other (Describe) |

Contract Specific Underwriting Information:

1. Do you have a specific client that requires this coverage? Yes No If yes, complete the following questions:

2. Name of contracted or prospective client:

3. What is the effective or prospective dates of the contract? From: _____ to: _____

4. What is the annual gross dollar value of the contract?

5. How many employees are needed to fulfill this contract? Full Time: _____ Part Time: _____

6. How much fidelity bond coverage is needed?

7. What are the employees specific duties?

8. Total number of client locations serviced:

Hiring Practices:

1. Check (✓) the items applicable to your Pre-employment Screening Procedures:

- | | | |
|---|--|--|
| <input type="checkbox"/> Fingerprint | <input type="checkbox"/> Prior Employer Check | <input type="checkbox"/> Criminal Background Check |
| <input type="checkbox"/> Personal Interview | <input type="checkbox"/> Motor Vehicle Records | <input type="checkbox"/> Polygraph |

2. Describe experience requirements and duties of supervisors:

3. Is drug testing performed at hiring? Yes No Is random drug testing done after hiring? Yes No

4. Attach a copy of your employment application.

General Underwriting: (If "Yes" is answered for any of the following questions, attach an explanation of the exposure in detail providing all the particulars.)

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do employees have access to precious metals, stones or other high-value materials? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are any of the employees involved in the protection of high value cargo? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do the employees have any access to drugs or medicine at hospitals, institutions or clinics? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do employees handle cash as messengers, cashiers, toll collectors, ticket takers, etc.? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do any employees perform services as bank tellers? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are home health care or visiting nurse services provided? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do employees have keys to resident's homes, apartments, hotel rooms, nursing homes, etc.? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do employees have access to negotiable securities? |

Internal Controls:

1. A. Are the books audited by an independent CPA? Yes No If so, by whom:
 B. How often? Are these audits complete and unqualified? Yes No If not, describe the limitations:

 C. Are these audits made for each entity to be covered? Yes No If not, explain why:

 D. Is there a CPA letter to management relating to internal control weaknesses? Yes No If yes, has management replied? Yes No If so, forward copy of management's reply.
2. Do the employees who reconcile the monthly bank statement also/either:
 (a) sign checks? Yes No (b) handle deposits? Yes No or (c) have access to check signing machines or signature plates? Yes No How often are the bank accounts reconciled:
3. Is countersignature of checks required? Yes No If yes, over what limit? If no, who signs the checks? Names: Titles:
4. On a separate sheet, list names of Employee Benefit Plans required to be bonded by Title 1 of the Employee Retirement Income Security Act of 1974 to be included. Provide total number of fiduciaries, trustees, officers, administrators or employees who are not Employees of the Insured and total assets of each plan. If no plans are to be covered, check here: No plans are required to be bonded at this time.

Insurance History:

1. Provide details on current and prior Fidelity Bond for First and Third Party Coverage below:

Carrier	Limit	Deductible	Exp. Date	Premium

2. Has your company sustained any fidelity losses during the past six years? Yes No If yes, provide the following information whether or not you were reimbursed:

Date of Loss	Amount of Loss	Description of Loss
--------------	----------------	---------------------

On a separate sheet, advise if the employee(s) involved have been terminated from their duties and the precautions taken to prevent repetition.

3. Has any request for a Fidelity Bond been declined or canceled during the past six years? Yes No If yes, explain circumstances.

NOTICE TO APPLICANTS EXCEPT: AR, CO, FL, KY, OH, OK, PA, NJ & NY:

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 may be guilty of insurance fraud.

NOTICE TO ARKANSAS APPLICANTS ONLY:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO ONLY:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA ONLY:

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY AND PENNSYLVANIA ONLY:

Any person who knowing and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject the person to criminal and civil penalties.

NOTICE TO OHIO ONLY:

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.

NOTICE TO OKLAHOMA ONLY:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO NEW JERSEY ONLY:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK ONLY:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.

APPLICANT'S SIGNATURE

TITLE

DATE

BROKER'S NAME

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

EMAIL