

# BROWNYARD GROUP

- New Business
- RENEWAL

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**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)

Name	Describe Business Operation	% Owned	Date Acquired/Created
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### 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)

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**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:  
 Fingerprint  Prior Employer Check  Criminal Background Check  
 Personal Interview  Motor Vehicle Records  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.)

- Yes  No Do employees have access to precious metals, stones or other high-value materials?
- Yes  No Are any of the employees involved in the protection of high value cargo?
- Yes  No Do the employees have any access to drugs or medicine at hospitals, institutions or clinics?
- Yes  No Do employees handle cash as messengers, cashiers, toll collectors, ticket takers, etc.?
- Yes  No Do any employees perform services as bank tellers?
- Yes  No Are home health care or visiting nurse services provided?
- Yes  No Do employees have keys to resident's homes, apartments, hotel rooms, nursing homes, etc.?
- Yes  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: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS:** 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 APPLICANTS:** 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 DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 NEW JERSEY APPLICANTS:** 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 APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** 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 APPLICANTS:** 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 OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the 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 subjects such person to criminal and civil penalties.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**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

**APPLICATION MUST BE SUBMITTED BY BROKER**

\_\_\_\_\_  
BROKER'S COMPANY

\_\_\_\_\_  
BROKER NAME

\_\_\_\_\_  
WEBSITE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
EMAIL