BROWNYARD® GROUP | Insurance when you know BETTER®

FIDELITY BOND (THIRD PARTY EMPLOYEE DISHONESTY) APPLICATION - REQUIREMENTS FOR SUBMISSION

- Pages 1-3 MUST be completed
- Current Loss Information – 4 Years
- **Note: All Questions Must Be Answered**
- **Brownyard Application Must Be Submitted by Broker**

Business Type: ☐ New Business ☐ Renewal

Policy Number – Renewal Only: _____ **Effective Date:** _____

1. Insured Company Name: _____
   (Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
2. DBA(s): _____
   (List any and all names insured's company is Doing Business As [DBA] & please list additional named insureds on separate sheet for whom this proposed policy will provide coverage)
3. Individual Assoc Corp LLC LLP Partnership C-Corp S-Corp Sole Proprietor Joint Venture Trust Non-Profit Other: _____
4. Mailing Address: _____
   NO. STREET CITY STATE ZIP
5. Physical Address*: _____
   NO. STREET (*Attach a list if multiple locations) CITY STATE ZIP
6. County: _____ NAICS/SIC Code: _____
7. Business Phone: _____ Fax: _____
8. Company Email: _____ Website: _____
9. Federal ID Number/FEIN: _____ License Number: _____
10. Principal: _____ Title: _____
    Direct Phone: _____ Mobile: _____
    Email: _____
11. Audit Contact: _____ Title: _____
    Direct Phone: _____ Mobile: _____
    Email: _____
12. A. Has the principal(s) of this firm previously operated a similar firm under a different name? Yes No
    B. If yes, please provide the former name: _____
13. Policy proposed effective date: _____ Date established: _____
14. How did you hear about us? Internet Search Social Media Ad in which publication: _____
    Email Word of Mouth Other: _____
15. Check limit of Liability desired: $300,000 $500,000 $1 mil. Other: _____

COMPANY INFORMATION

16. Total number of employees: _____ Full Time: _____ Part Time: _____
17. Total assets of the company: $_____ Deductible: $ _____
18. Describe the products of your predominant business or activity: _____
    _____
19. 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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EMPLOYEE AND CLIENT CENSUS

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

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

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

Office & Management	Full Time	Part Time		Full Time	Part Time
Accountants			Executives		
Bookkeepers			Management		
Cashiers			Sales		
Clerical			Supervisory		
Off-Site Personnel	**Full Time**	**Part Time**		**Full Time**	**Part Time**
Alarm Installers/Monitors/Response			Pest Control Technicians/Exterminators		
Armored Car Drivers/Helpers			Plumber/Electricians		
ATM Repairmen/Escorts			Polygraph Examiners		
Computer Consultants			Private Investigators		
Couriers (money, valuables, etc.)			Security Guards		
Janitorial/Maintenance			Temporary Employees		
Landscapers			Other (Describe):		
Locksmiths					
TOTAL	Full Time		TOTAL	Part Time	

CONTRACT SPECIFIC UNDERWRITING INFORMATION

22. Do you have a specific client that requires this coverage? Yes No If yes, please complete the following questions:
    a. Name of contracted or prospective client:_____
    b. What is the effective or prospective dates of the contract? From: _____ To: _____
    c. What is the annual gross dollar value of the contract?_____
    d. How many employees are needed to fulfill this contract? Full Time: _____ Part Time: _____
    e. How much fidelity bond coverage is needed?_____
    f. What are the employees' specific duties:_____
    _____
    g. Total number of client locations serviced: _____

HIRING PRACTICES

23. Check the items applicable to your Pre-Employment Screening Procedures:

Criminal Background Check Motor Vehicle Records Polygraph
Fingerprint Personal Interview Prior Employer Check

24. Describe experience requirements and duties of supervisors: _____
_____
25. Is drug testing performed at hiring? Yes No
26. Is random drug testing done after hiring? Yes No
27. Attach a copy of your employment application.

GENERAL UNDERWRITING INFORMATION (*If "yes" is answered for any of the following questions, attach an explanation of the exposure in detail providing all the particulars.)*

28. Yes No Do employees have access to precious metals, stones or other high-value materials?
29. Yes No Are any of the employees involved in the protection of high value cargo?
30. Yes No Do the employees have any access to drugs or medicine at hospitals, institutions or clinics?
31. Yes No Do employees handle cash as messengers, cashiers, toll collectors, ticket takers, etc.?
32. Yes No Do any employees perform services as bank tellers?
33. Yes No Are home health care or visiting nurse services provided?
34. Yes No Do employees have keys to resident's homes, apartments, hotel rooms, nursing homes, etc.?
35. Yes No Do employees have access to negotiable securities?

INTERNAL CONTROLS

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

    b. Are the audits made for each entity to be covered? Yes No If not, explain why: _____
    _____

    c. Is there a CPA letter to management relating to internal control weaknesses? Yes No
    If yes, has management replied? Yes No If yes, attach a copy of management's reply.
37. Do the employees who reconcile the monthly bank statement also/either:
    a. Sign checks? Yes No
    b. Handle deposits? Yes No
    c. Have access to check signing machines or signature plates? Yes No
38. How often are the bank accounts reconciled? _____
39. Is countersignature of checks required? Yes No If yes, over what limit? _____
    If no, who signs the checks? Name(s) _____ Title(s):_____
40. On a separate sheet, list the 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

41. Provide details on current and prior Fidelity Bonds for First and Third Party Coverage below:

Carrier	Limit	Deductible	Exp. Date	Premium

42. Has your company sustained any fidelity losses during the past six years? Yes No If yes, please 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.

43. 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.

Applicable in AL, AR, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: 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.

Applicable in DC: 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.

Applicable in FL and OK: 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 (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment of other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, OH and PA: 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.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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.

Applicable in NY: Applicable to all applications and claim forms for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each 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. This request is for a cost-free, premium quotation only. In signing, I understand I am not obligated to purchase this insurance. This application shall not be binding unless and until confirmation by the company or its duly appointed representatives has been given, and that a policy shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition, statement and explanation of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

APPLICANT'S SIGNATURE	TITLE	DATE

BROKER COMPANY	BROKER NAME	WEBSITE	
ADDRESS	CITY	STATE	ZIP
TELEPHONE	FAX	EMAIL	

BROKERS: To submit complete application, please email PDF to info@brownyard.com.
INSUREDS: Please save and share with your insurance agent/broker.