

J.R. OLSEN BONDS & INSURANCE BROKERS, INC.

CA Broker/Agent Lic.# 0680914

DISHONESTY BOND APPLICATION

Applicant	
Name of Business Address (include any branch location addresses)	
Street and Number	City
State	Zip
	Phone:
Type of Business	
Purpose and function	
Have you sustained any employee dishonesty losses in 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)	
Select a Classification of Business *A or B (coverage subject to underwriter discretion)	
<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 <input type="text"/> (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 negotiable instruments). Contains a conviction clause.	
Exact Number of Employees <input type="text"/> (Both full and part-time)	
Exact Number of Owners/Officers <input type="text"/>	
Are owners/officers to be covered? <input type="checkbox"/> Yes*** <input type="checkbox"/> No	
** In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply.	
***Coverage of owners/officer is subject to underwriter approval.	

Signature of Insured _____

Date _____

Print Name: _____

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