



LABOR ORGANIZATION FIDELITY BOND APPLICATION

BOND

Type of Labor Organization Bond: <input type="checkbox"/> Name Schedule Form (Attach a list showing the name, position, location, and amount of indemnity for each Employee to be bonded.) <input type="checkbox"/> Position Schedule Form (Attach a list showing the title and location of each Position to be bonded, the total number of Employees in each Position, and the amount of indemnity for each Employee.) <input type="checkbox"/> Consolidated Form (Complete the UNDERWRITING DATA FOR CONSOLIDATED FORM section.)	To become effective, or to be continued, as of noon on _____ (MM/DD/YYYY)
Is it desired that subordinate bodies or units of the applicant be included in the bond applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , attach a list with the number of Locals, and provide the number of, and description of, units other than Locals.

APPLICANT

Name of Applicant				
Principal Address		City	State	Zip Code
Applicant is a <input type="checkbox"/> National or International Union <input type="checkbox"/> Trust in which a Labor Organization is interested <input type="checkbox"/> Subordinate unit of a National or International Union		If Applicant is a subordinate unit of a National or International Unit , specify whether: <input type="checkbox"/> Regional <input type="checkbox"/> District <input type="checkbox"/> State <input type="checkbox"/> Local Council <input type="checkbox"/> Local Union		
Attach a copy of the Constitution and Bylaws or Trust or Plan Agreement.		Premium Payable: <input type="checkbox"/> Annually <input type="checkbox"/> Three Years (Advance) <input type="checkbox"/> Three Years (Installments)		
Will the Applicant arrange to have new Employees complete personal applications supplied by the Underwriter? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Audit Protocols & Internal Controls

How frequently are audits made?	By whom? <input type="checkbox"/> CPA <input type="checkbox"/> Public Accountant <input type="checkbox"/> Staff Auditor <input type="checkbox"/> Others	If Audits are made by Others , attach an explanation.
Are all premises audited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , how often?
Will countersignature of checks be required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No , who signs the checks?	Will securities be subject to joint control by two or more responsible employees?

Employee Dishonesty

Has the Applicant experienced Dishonesty Losses in the past 6 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes , provide information below.	
Date	Amount	Employee's Position	Corrective Measures Taken (Other than Discharge)
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
Has any Employee Dishonesty insurance carried by the Applicant been declined or canceled within the last five years by any insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No (Does not apply to Missouri applicants.)		If Yes , explain.	

Prior Coverage

Does the Applicant have prior Fidelity Coverage to be superseded? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes , provide information below.	
Form of Bond or Policy	Amount	Effective Date	Name of Insurer
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

UNDERWRITING DATA FOR CONSOLIDATED FORM APPLICANTS

Schedule A

Schedule A provides coverage on Employees defined as follows: Any officer of the Insured whether elected or appointed, and any natural person while acting for or on behalf of the Insured as dues collector, shop steward or shop chairman, whether or not any such officer or person is compensated by the Insured and any natural person (except a director or trustee of the Insured, if a corporation, who is not also an officer or employee thereof in some other capacity) while in the regular service of the Insured in the ordinary course of the Insured's business and whom the Insured compensates by salary, wages or commissions and has the right to govern and direct in the performance of such service, but does not mean any broker, factor, commission merchant, consignee, contractor or other agent or representative of the same general character. A director or trustee of the Insured who is not also an officer or employee thereof in some other capacity shall be deemed to be an Employee, as defined herein, when performing acts coming within the scope of the usual duties of an Employee or while acting as a member of any Committee duly elected or appointed by resolution of the board of directors or trustees of the Insured to perform specific, as distinguished from general, directorial acts on behalf of the Insured.

Classification of Employees: CLASS 1 EMPLOYEES

Those who, as a part of their regular duties, **handle or have custody of funds or other property** of the Applicant, **including in any event** all occupants of positions listed below:

OFFICIALS	Number of Occupants		Number of Occupants	ADMINISTRATION	Number of Occupants
Chairman	_____	Organizer	_____	Office Manager	_____
Director	_____	Dues Collector	_____	Asst. Office Manager	_____
Trustee	_____	Shop Steward	_____	Auditor	_____
President	_____	Shop Chairman	_____	Asst. Auditor	_____
Vice-President	_____	Business Agent	_____	Cashier	_____
Treasurer	_____			Bookkeeper	_____
Asst. Treasurer	_____			Messenger (outside)	_____
Secretary	_____			Watchman	_____
Asst. Secretary	_____			Claim Adjuster	_____
Recording Secretary	_____				
Comptroller	_____				
Asst. Comptroller	_____				
Financial Secretary	_____				
Secretary-Treasurer	_____				
Asst. Secretary-Treasurer	_____				
Total Number of All Employees (This constitutes the Applicant's entire personnel as of the date of this Application.)				Amount of Indemnity under Schedule A	
				\$ _____	

Schedule B

If Excess Indemnity is desired on positions occupied by natural persons covered under Schedule A, complete the following:

Position	Name(s) and Location	Total Number of Employees in Each Position	Amount of Excess Indemnity on Each Employee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach more if applicable.)

Schedule C

If coverage is desired on any natural person who, or partnership or corporation which, is an independent contractor and is duly appointed by the Applicant to act as its agent in any designated capacity, complete the following:

Capacity	Name(s) and Location	Amount of Indemnity
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach more if applicable.)

FRAUD STATEMENTS

NOTICE TO 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 act, which is a crime and may subject such person to criminal and civil penalties

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

ARKANSAS: "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."

COLORADO: "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."

DISTRICT OF COLUMBIA: "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."

FLORIDA: "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."

HAWAII: "For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

KENTUCKY: "Any person who knowingly 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."

LOUISIANA: "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."

MAINE: "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 or denial of insurance benefits."

MARYLAND: "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".

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

NEW MEXICO: "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 civil fines and criminal penalties."

NEW YORK: "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."

OHIO: "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."

OKLAHOMA: "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."

PENNSYLVANIA: "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 subjects such person to criminal and civil penalties."

RHODE ISLAND: "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."

TENNESSEE: "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."

VIRGINIA: "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."

WASHINGTON: "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."

WEST VIRGINIA: "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."

PUERTO RICO: "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."

AUTHORIZATION

Applicant Signature: _____

Name (printed): _____

Title: _____

Date: _____

Agency / Broker: _____

Agent / Broker (individual): _____

Address: _____



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WE'VE MADE IT EASY FOR YOU TO COMPLETE AND SUBMIT THIS APPLICATION

TWO EASY WAYS TO COMPLETE THIS APPLICATION — PRINT OR DIGITAL

For PRINT completion:

1. Print this PDF.
2. Complete the application with a black pen by legibly writing your responses in the applicable fields.
3. Use one of the following ways to submit the completed application:
 - a. Scan, then email the pages to Underwriting@SuretyOne.com or your assigned underwriter
 - b. Mail the pages to our Raleigh NC address (listed above)
 - c. Fax the pages to 919-834-7039

For DIGITAL completion:

1. Download this PDF to your computer.
2. Open the file in a PDF editor, such as Adobe Acrobat Reader DC (available for free here: <https://get.adobe.com/reader/>).
3. Complete the application by typing and clicking your responses in the applicable fields.
4. Save your updated file to your computer by going to File > Save as...
5. Use one of the following ways to submit the completed application:
 - a. Attach the PDF to an email, and send to Underwriting@SuretyOne.com or to your assigned underwriter
 - b. Upload the PDF to the form on www.suretyone.com/contact-us

Note: Incomplete applications may result in processing delays.

We can help! Visit us at SuretyOne.com, call (800) 373-2804 or email us at Underwriting@SuretyOne.com to discuss your bond needs.