



# POINDEXTER Surety Services

Member of The Poindexter Group of Companies



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"Se habla Castellano"

## BUSINESS SERVICES BOND APPLICATION

\$5,000     \$7,500     \$25,00     \$50,000     \$75,000     \$100,000

Name of Insured		
Business Address		
City	State	Zip

Type of Business		
Total # of Covereds	Employees & Officers	Onwers

Have you sustained any employee dishonesty losses in the last six (6) years?

No     Yes - Attach date(s), amount(s), employee's name(s) and action(s) taken.

I affirm that the information that I have provided above is true to the best of my knowledge and believe. I understand that coverage is NOT effective until application is accepted by the company, carrier, surety, and/or co-surety(ies). I acknowledge that the 'conviction requirement' clause and the 'on premises' definitions have been fully explained to me, that I understand the coverage limitations of this bond policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date