



# POINDEXTER Surety Services

Member of The Poindexter Group of Companies



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"Se habla Castellano"

## BUSINESS SERVICES BOND APPLICATION

\$5,000     \$10,000     \$25,000     \$50,000     \$75,000     \$100,000

Name of Insured		
Business Address		
City	State	Zip

Type of Business		
Total # of Employees	# of Officers	# of Officers to be Covered

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

FOR LIMITS IN EXCESS OF \$50,000

Will countersignature of checks be required?       Yes       No

By whom? \_\_\_\_\_

How often will a complete audit be accomplished? \_\_\_\_\_

When was the applicant's last audit? \_\_\_\_\_

By whom?       CPA       Independent Accountant       Employee

Are bank accounts reconciled by someone NOT authorized to deposit and/or withdraw funds?  
 Yes       No

How often are accounts reconciled? \_\_\_\_\_

**NOTICE: Coverage of Owners/Officers is subject to underwriter approval.**