



FIDELITY BLANKET BOND APPLICATION

POINDEXTER SURETY SERVICES 919-834-7039(F)

APPLICANT INFORMATION	Applicant (For Partnership, give full names of partners and trade name)	Individual <input type="checkbox"/>
		Partnership <input type="checkbox"/>
		Corporation <input type="checkbox"/>

Business Address _____ (City) _____ (State) _____ (Zip)

Describe the Products or Services of Your Business or Activity	Date Business was Established
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BOND INFORMATION	Type of Bond	<input type="checkbox"/> COMMERCIAL BLANKET - Covers all employees for a stated amount <input type="checkbox"/> BLANKET POSITION - Covers each employee for a stated amount
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Amount of Bond \$ _____	Effective Date	Premium Payments	<input type="checkbox"/> Three Years in Advance <input type="checkbox"/> Annually
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UNDERWRITING INFORMATION	Is countersignature of checks required? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" explain.	By Whom?
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Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? <input type="checkbox"/> Yes <input type="checkbox"/> No How Often?	Are securities subject to joint control of two or more responsible employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is there an audit by a CPA, public accountant or equivalent, independent of your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No How Often?	By whom was audit made? (Name & Address) <input type="checkbox"/> CPA <input type="checkbox"/> Independent Accountant
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Date of completion of last audit:	Were any discrepancies or loose practices commented upon in this audit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" submit copy of audit.	Has any similar insurance been declined or cancelled during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" explain.
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What losses have you sustained within the past five years?	What class of employee or position caused such loss?
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What has been done to prevent recurrence of such loss?

Are the number of employees likely to be increased substantially during the term of this bond? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you contemplate an expansion of your business soon? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are there any branches, affiliates or subsidiary companies? (If so, list them.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Do answers apply to these branches, affiliates and subsidiary companies? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Has there been any change in ownership or management within the past three years? Yes No If "yes" explain.

CLASSIFICATION OF ALL EMPLOYEES BY POSITION	List all officers and employees who handle, have custody or maintain records of money, securities or other property. If specific excess coverage is desired on any position, please indicate so. Use separate sheet for list if necessary.
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JOB CLASSIFICATION	NUMBER OF EMPLOYEES IN THAT POSITION	JOB CLASSIFICATION	NUMBER OF EMPLOYEES IN THAT POSITION
TOTAL		TOTAL	

TOTAL NUMBER OF OTHER EMPLOYEES: _____

AGENT'S INFORMATION	Agency Name/Code <u>POINDEXTER SURETY</u>
	Address <u>#58809</u>
	Agent's Phone <u>(919) 859-5294</u>

The undersigned agrees the above representations are an accurate statement of current information and procedures. This application, with Bond Declarations and Provisions, and Endorsements issued to form a part thereof, constitute the entire contract.

Signature of Officer or Employer

Official Title