



POINDEXTER Surety Services

Member of The Poindexter Group of Companies



A Revolution in Bail Underwriting Support & Service

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Se habla Castellano

SPECIAL FIDELITY BOND APPLICATION

Name of Insured: _____

Business Address: _____

Total Number of Employees: _____ Type of Business: _____

Have you sustained any dishonesty losses in the last six (6) years? **Yes** **No**
(If 'Yes', attach detailed explanation hereto.)

Amount of Coverage Requested: \$5,000 \$10,000 \$25,000

Coverage form: Discovery Loss Sustained

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).

Signature

Print Name

Date