



POINDEXTER Surety Services

Member of The Poindexter Group of Companies



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"Se habla Castellano"

SPECIAL FIDELITY BOND APPLICATION *(\$10,000 CAP/MAX COVERAGE)*

Name of the Insured	

Business Address	

Total Number of Employees	

Type of Business	

Amount of Coverage Requested	

Coverage Form	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
	<input type="checkbox"/> Discovery <input type="checkbox"/> Loss Sustained

Signature of Applicant	Date
_____	_____

NOTICE: Coverage is not effective until application is accepted by the Surety.

Coverage applies ONLY upon conviction (*indictment in North Carolina*).