



THIRD-PARTY FIDELITY BOND APPLICATION

APPLICANT

Full Name (First, Last; or Business Name)		Phone Number	Email Address	
Principal Address			City	State ZIP Code
Date Established	Company Website	Latest Fiscal Year-End Revenues		
		\$		

Hiring and Employment

Does the applicant: <ol style="list-style-type: none"> 1. perform background checks? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. contact personal references? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. contact past employment references? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. review criminal records? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. conduct drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No 	Explanations for fields marked No
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Employee-Client Relationship

Total number of employees who will have access to the premises of the client(s)	Will the applicant and/or applicant's employees: <ol style="list-style-type: none"> 1. have restricted access (by use of keycards or similar devices) to locked areas of the physical premises of the client(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. be supervised or monitored while performing services on the premises of the client(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. be required to wear or carry identification (e.g. ID badge) that identifies them as non-employees of the client(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. perform services only during normal business hours (e.g. 9am – 5pm)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the applicant and/or applicant's employees have access to money, securities, banking systems, wire transfer systems, or sensitive computer data belonging to the client(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , explain
Will the applicant and/or applicant's employees perform any off-premise services for the client(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , explain
Does the applicant have any knowledge of an employee stealing from a client that has given rise, or may give rise to claims for the previous five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , explain.	List and describe all losses sustained by contracted clients and caused by your dishonest employee during the past 5 years, whether or not applicant was reimbursed by insurance. Include corrective actions taken. Check here if no losses <input type="checkbox"/> No losses

THIRD-PARTY CRIME COVERAGE

Attach a copy of each client contract for which the Third-party Crime Coverage is requested.

Complete this section for **Contract-Specific Coverage**

Name of contracted client	Annual gross value of contract \$
Number of employees providing services to the client under terms of the contract	
Description of on-premise services provided to the client	
Are any services performed for contracted clients off of the clients' premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you presently bidding on this contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this contract presently in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No
Effective Date	Expiration Date

Complete this section for **Blanket Coverage**

Total number of employees providing services for contracted clients
Total number of current client contracts
Description of on-premise services provided to the client
Are any services performed for contracted clients off of the clients' premises? <input type="checkbox"/> Yes <input type="checkbox"/> No

POLICY

Requested Limit of Insurance	Requested Deductible	Effective Date	Expiration Date
Preceding Policy <input type="checkbox"/> Expired <input type="checkbox"/> Current / Expiring <input type="checkbox"/> None	Insurance Company		Policy Number

FRAUD STATEMENTS

ALABAMA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

ARKANSAS: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

COLORADO: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

DISTRICT OF COLUMBIA: "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant."

FLORIDA: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

HAWAII: "For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

KENTUCKY: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

LOUISIANA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

MAINE: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

MARYLAND: "Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

NEW JERSEY: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

NEW MEXICO: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

NEW YORK: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

OHIO: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

OKLAHOMA: "WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

PENNSYLVANIA: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

RHODE ISLAND: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

TENNESSEE: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

VIRGINIA: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

WASHINGTON: "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."

WEST VIRGINIA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

PUERTO RICO: "Any person who knowingly, and with the intention of defrauding, presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years. If extenuating circumstances are present, it may be reduced to a minimum of two (2) years."

The applicant and/or applicant's representative declares that to the best of his/her knowledge and belief that the answers and statements provided in this application are complete and true, and that if any change of the information provided occurs prior to the inception date of the third-party fidelity bond (policy), the applicant or applicant's representative will notify the insurance company of those changes.

Signed and dated this _____ day of _____, 20_____

Applicant Signature: _____

Applicant Name: _____

Applicant Title: _____



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WE'VE MADE IT EASY FOR YOU TO COMPLETE AND SUBMIT THIS APPLICATION

TWO EASY WAYS TO COMPLETE THIS APPLICATION — PRINT OR DIGITAL

For PRINT completion:

1. Print this PDF.
2. Complete the application with a black pen by legibly writing your responses in the applicable fields.
3. Use one of the following ways to submit the completed application:
 - a. Scan, then email the pages to Underwriting@SuretyOne.com or your assigned underwriter
 - b. Mail the pages to our Raleigh NC address (listed above)
 - c. Fax the pages to 919-834-7039

For DIGITAL completion:

1. Download this PDF to your computer.
2. Open the file in a PDF editor, such as Adobe Acrobat Reader DC (available for free here: <https://get.adobe.com/reader/>).
3. Complete the application by typing and clicking your responses in the applicable fields.
4. Save your updated file to your computer by going to File > Save as...
5. Use one of the following ways to submit the completed application:
 - a. Attach the PDF to an email, and send to Underwriting@SuretyOne.com or to your assigned underwriter
 - b. Upload the PDF to the form on SuretyOne.com/contact-us

Note: Incomplete applications may result in processing delays.

A third-party fidelity bond is a commercial crime policy designed to protect businesses against the intentional wrongful acts of people working for those businesses on a contract basis. Consultants, attorneys, software and I.T. professionals, general contractors and miscellaneous independent contractors are examples of businesses that frequently need third party fidelity bond coverage. We offer non-standard fidelity bond programs for business classes that experience difficulty in placing their fidelity bond needs. We also provide fidelity capacity for international operations.