

JANITORIAL/BUSINESS SERVICES BOND APPLICATION

| | | |
|--|-------|--------------------------------------|
| NAME OF BUSINESS | | PHONE () |
| STREET ADDRESS | | FAX () |
| MAILING ADDRESS, if different | | |
| CITY | STATE | ZIP |
| TYPE OF BUSINESS JANITORIAL SERVICE BUSINESS SERVICE | | NUMBER OF EMPLOYEES |
| TYPE OF SERVICE: | | |
| COVERAGE REQUESTED 2,500 5,000 10,000 25,000 Other Amt: \$ | | TERM OF BOND ONE YEAR THREE YEARS |
| HAVE YOU HAD ANY EMPLOYEE DISHONESTY LOSSES IN THE PAST (5) FIVE YEARS? NO YES | | |
| If YES, please explain (if additional space is needed, attach a separate sheet): | | |
| | | |
| | | |

CONTAINS A CRIMINAL CONVICTION CLAUSE

Applicant's Printed Name _____

Applicant's Signature _____

Residence Address _____

City, State, Zip _____ Phone _____

Social Security No. _____ Driver's License No. _____ Date of Birth _____

Applicant's Printed Name _____

Applicant's Signature _____

Residence Address _____

City, State, Zip _____ Phone _____

Social Security No. _____ Driver's License No. _____ Date of Birth _____

| RATES | | | |
|--------------------|-----------------|-------------------------|---|
| <u>Bond Amount</u> | <u>One Year</u> | <u>Employees Over 5</u> | |
| \$2,500 | \$50.00 | +\$1.00/employee | *Coverage amounts are subject to \$100. deductible |
| \$5,000 | \$75.00 | +\$2.00/employee | *Three year premium = 2.25 x annual rate |
| \$7,500 | \$100.00 | +\$3.00/employee | *First year's premium is fully earned upon issuance |
| \$10,000 | \$125.00 | +\$4.00/employee | |
| \$25,000 | \$250.00 | +\$5.00/employee | <u>Example of premium calculation:</u> |
| \$50,000 | \$475.00 | +\$6.00/employee | \$7,500 bond amount, 8 employees, one year term |
| \$75,000 | \$700.00 | +\$7.00/employee | One year (\$7,500) \$100.00 |
| \$100,000 | \$800.00 | +\$8.00/employee | 3 employees (\$3.00 ea.) 9.00 |
| | | | Annual premium \$109.00 |

Agent Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____ HCCS Prod. No. _____

RETURN COMPLETED APPLICATION TO YOUR HCCS BRANCH OFFICE PRIOR TO BOND EXECUTION