



### TEXAS DISHONESTY BOND APPLICATION

Applicant \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Address (include any branch location addresses) \_\_\_\_\_  
Street and Number

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Phone Number \_\_\_\_\_

Type of Business \_\_\_\_\_

Purpose and function \_\_\_\_\_

Have you sustained any employee dishonesty losses in the last 6 years?  Yes  No If so, please give us all the details in a letter.

Amount of coverage requested:  \$5,000  \$10,000  \$25,000  \$50,000  \$100,000

1-Year Bond  3-Year Bond (reduced rate of 2.85 x annual premium - Type B only)

Classification of Business \*A or B coverage subject to underwriter discretion.

A  Professional and business offices such as accountants, architects, physicians, non-profit social organizations (officers only and attach list of officers)\*, dentists, insurance agents, and attorneys. (Owners/officers are not covered under this bond, unless the insured is a corporation, and the owners/officers are in the regular service of the insured and compensated by salary, wages, etc.)

Exact Number of Employees (Both full and part-time) \_\_\_\_\_

**For Dishonesty A limits \$50,000 and over, please complete the following:**

Will countersignature of checks be required?  Yes  No By whom? \_\_\_\_\_

How often will a complete audit be made? \_\_\_\_\_ When was last audit made? \_\_\_\_\_

By whom was audit made?  Certified Public Accountant  Independent Accountant  Employee of Insured

Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?  Yes  No

How often? \_\_\_\_\_

\*\*B  Businesses with more exposure such as cafes, gas stations, retail stores, businesses with salespeople, non-profit social organizations (officers and employees)\* and courier services (except those handling cash and negotiable instruments).  
**Contains a conviction clause.**

Exact Number of Employees (Both full and part-time) \_\_\_\_\_ Exact Number of Owners/Officers \_\_\_\_\_

Are owners/officers to be covered?  Yes\*\*\*  No

\*\*In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply under Type B.  
 \*\*\*Coverage of owners/officers is subject to underwriter approval.

Check here if this has been previously faxed to us.

**Your CNA Surety Agent is:**

\_\_\_\_\_

Address \_\_\_\_\_  
Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Agent's Code \_\_\_\_\_

CNA is a registered service mark, trade name and domain name of CNA Financial Corporation. No part of this material, including the CNA Surety logo, may be reproduced without written permission from CNA Surety Corporation.



P.O. Box 5077 Sioux Falls, South Dakota 57117-5077  
 1-800-331-6053 FAX 1-605-335-0357  
 www.cnasurety.com

Date  The effective date of the bond will be the date the bond is issued.