## JANITORIAL/BUSINESS SERVICES BOND APPLICATION

NAME OF BUSINESS					PHONE	
STREET ADDRESS		MAILING AD	DRESS, if different		FAX	
					( )	
CITY		STATE	ZIP		NUMBER OF EMPLOYEES	
TYPE OF BUSINESS						
JANITORIAL SERVI	CE BUSINESS SEI	RVICE	TYPE OF SERVIO			
COVERAGE REQUESTED				TERM OF BOND		
2,500 5,00	0 10,000	25,000 Other	r Amt: \$	ONE YEAR	THREE YEARS	
HAVE YOU HAD ANY EMPL If YES, please explain (if add		SSES IN THE PAST (5) FIVE YEA	RS? NO	YES		
	(	CONTAINS A CRIMIN	JAL CONVICTI	ION CLAUSE	_	
Applicant's Printed Name Applicant's Signature			Applicant's Printed Name Applicant's Signature			
Residence Address			Residence Ad	Residence Address		
ty, State, Zip		Phone	City, State, Z	ip	Phone	
ocial Security No. I	Driver's License No.	Date of Birth	Social Securit	ty No. Driver's Lic	eense No. Date of Birth	
	RATES					
Bond Amount \$2,500	One Year \$50.00	Employees Over 5 +\$1.00/employee	*Thr	*Coverage amounts are subject to \$100. deductible *Three year premium = 2.25 x annual rate *First year's premium is fully earned upon issuance		
\$5,000 \$7,500	\$75.00 \$100.00	+\$2.00/employee +\$3.00/employee	"FIRS	st year's premium is fully	y earned upon issuance	
\$10,000	\$100.00	+\$4.00/employee	Evan	nple of premium calcula	tion:	
\$25,000	\$250.00	+\$5.00/employee	\$7.50	00 bond amount, 8 emplo	ovees, one year term	
\$50,000	\$475.00	+\$6.00/employee		year (\$7,500)	\$100.00	
\$75,000	\$700.00	+\$7.00/employee	3 em	ployees (\$3.00 ea.)	9.00	
\$100,000	\$800.00	+\$8.00/employee		ual premium	\$109.00	
Agent Name:			Phone:		Fax:	
Address:		City:		State: Zip:	HCCS Prod. No	