

JANITORIAL/BUSINESS SERVICES BOND APPLICATION

NAME OF BUSINESS		PHONE ()
STREET ADDRESS	MAILING ADDRESS, if different	FAX ()
CITY	STATE ZIP	NUMBER OF EMPLOYEES
TYPE OF BUSINESS		
JANITORIAL SERVICE	BUSINESS SERVICE	TYPE OF SERVICE:
COVERAGE REQUESTED		TERM OF BOND
2,500	5,000 10,000 25,000 Other Amt: \$ _____	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.) <u>9.00</u>
			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