



**Insurance Services, Inc.**

*Exclusive provider of the Gold Shield Advantage? National Security Programs  
Workers' Compensation • General Liability • Employment Practices Liability • Bonds*

7234 West North Avenue, Elmwood Park, IL 60707-4200  
In Illinois: (708) 452-1700 Toll Free : (800) 800-1704  
Fax: (708) 452-1777  
Web Site: [www.izzoinsurance.com](http://www.izzoinsurance.com)

Producer: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

**THIRD PARTY FIDELITY BOND APPLICATION**

**I. General Information**

1. Requested effective date : \_\_\_\_\_
2. Business name (including dba): \_\_\_\_\_
3. Mailing address: \_\_\_\_\_
4. Physical address: \_\_\_\_\_
5. Name & title of person to contact for inspection: \_\_\_\_\_
6. Area code & telephone number: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_
7. Years in business: \_\_\_\_\_ If less than three years, please attach resume showing experience and qualifications.
8. Type of ownership: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Other \_\_\_\_\_
9. Describe operations in detail: \_\_\_\_\_
10. Names of subsidiaries owned or controlled: \_\_\_\_\_
11. Describe operations of subsidiaries: \_\_\_\_\_
12. Number of total employees: \_\_\_\_\_
13. Total annual revenues of organization: \_\_\_\_\_

**II. Coverage and Rating Information**

**(This application is for third party coverage UNLESS SECTION C IS COMPLETED)**

**A. COMPLETE THIS SECTION FOR: BLANKET THIRD PARTY COVERAGE (YOUR EMPLOYEE STEALS FROM YOUR CLIENT)**

Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_

- 1) Total number of employees for whom Third Party Coverage is desired..... \_\_\_\_\_
- 2) Total number of client contracts presently in place..... \_\_\_\_\_
- 3) Describe services provided by your employees while on the premises of your contracted clients..... \_\_\_\_\_
- 4) Describe nature of clients business ..... \_\_\_\_\_

**B. COMPLETE THIS SECTION IF THIRD PARTY FIDELITY COVERAGE (YOUR EMPLOYEE STEALS FROM YOUR CLIENT) IS DESIRED: (To be completed if site specific coverage is desired for one client)**

Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_

- 1) Name of contracted client ..... \_\_\_\_\_
- 2) Total number of employees you will be providing to the client under the terms of the contract...  
(Please break down number of employees per shift and number of shifts per day.) \_\_\_\_\_
- 3) Describe specific services provided by your employees for the client ..... \_\_\_\_\_
- 4) Are you presently bidding on this contract?..... Yes  No
- 5) Is this contract presently in effect..... Yes  No   
If yes, list effective and expiration dates of contract ..... \_\_\_\_\_
- 6) Annual gross dollar value of the contract ..... \_\_\_\_\_

**C. COMPLETE THIS SECTION IF FIRST PARTY CRIME COVERAGE (IF YOUR EMPLOYEE STEALS FROM YOU) IS DESIRED:**

	Limit	Deductible
Coverage Form A - Employee Dishonesty Blanket.....		
Coverage Form B - Forgery or Alteration .....		
Coverage Form C - Theft, Disappearance & Destruction Inside & Outside .....		
Coverage Form D - Robbery & Safe Burglary Inside & Outside .....		
Other Coverage Desired .....		

**III. Underwriting Information**

**MUST BE COMPLETED FOR ALL BOND TYPES**

- 1) Is there an annual audit or review performed by an independent CPA of your operations Yes  No   
 If Yes, date of last audit \_\_\_\_\_
- 2) Do you verify the employment background of each prospective employee through personal conversations with all previous employers?..... Yes  No   
 a. If "Yes", for how many years prior to his encounter with your firm? \_\_\_\_\_  
 b. If "No", what method is used instead of personal conversations? \_\_\_\_\_
- 3) After an individual is hired, do you verify their business history for at least the last ten years prior to his employment with your firm? Yes  No   
 If "No", for how long? \_\_\_\_\_
- 4) When making background checks on a hired employee, do you obtain:  
 a. The employee's and employer's reason for termination of employment?..... Yes  No   
 b. An explanation for periods of unemployment?..... Yes  No   
 c. Whether each employment was part-time or full-time?..... Yes  No   
 d. Statement of arrests, indictments or convictions for any felony or any misdemeanor, except minor traffic offenses?..... Yes  No
- 5) Is there any form of psychological testing used for new employees?..... Yes  No   
 a. Health examinations? ..... Yes  No   
 b. Drug testing?..... Yes  No
- 6) Is a personnel file established and maintained for all new and existing employees which will include a photograph, fingerprint card, documented background investigation, previous employer/reference check and credit check?..... Yes  No   
 If "No", explain what is maintained \_\_\_\_\_
- 7) Describe experience requirements and duties of supervisors \_\_\_\_\_
- 
- 8) Are annual reviews conducted by your firm with each contracted client to assess the services provided by your employees? Yes  No
- 9) If first party coverage is going to be carried..... Yes  No   
 a. Are bank accounts reconciled by someone not authorized to deposit or withdraw from? ..... Yes  No   
 If "no", explain your internal voucher controls against concealment of improper deposits or withdrawals.....  
 b. Is countersignature of checks required?..... Yes  No   
 If "no", explain the procedures you use to prevent unauthorized issuance of checks..... \_\_\_\_\_

**IV. COVERAGE AND LOSS INFORMATION**

1) Bond coverage currently carried with another company

Carrier	Coverage Type	Limit	Deductible	Expiration Date	Premium

- 2) Has any request for Fidelity bond been declined or Fidelity bond canceled during the past six years? Yes  No   
 If yes, please explain circumstances \_\_\_\_\_
- 3) List all Fidelity losses sustained during the past three years, whether reimbursed or not, from..... \_\_\_\_\_ to \_\_\_\_\_  
 Check if none

Date of Loss	Type of Loss	Amt. of Loss	Amt. Recovered from Insurance	Amount Recovered from other than Insurance	Amount of Loss Pending	If Loss occurred at other than Head Office, state location
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

**V. REQUIRED UNDERWRITING:**

Please provide the following information as part of this application:

- 1) A specimen copy of the contract issued to all clients.
- 2) If Contract Specific Coverage is desired, a copy of the entire specific contract which requires the Third Party Coverage.

**THE INSURANCE APPLIED FOR IS FOR YOUR BENEFIT ONLY. IT PROVIDES NO RIGHTS OR BENEFITS TO ANY CLIENT OR TO ANY OTHER PERSON OR ORGANIZATION.**

**This Section of the application must be signed by the Risk Manager or an Officer of First Named Insured. The Undersigned hereby affirms that the information rendered herein and attached here to is current, true & complete.**

Signature: \_\_\_\_\_ Officer Title: \_\_\_\_\_ Date: \_\_\_\_\_