



JANITORIAL SERVICES 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 _____		

Have you sustained any employee dishonesty losses in the last 6 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please give us all the details in a letter.	
Exact Number of Owners _____	Are owners to be covered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Exact Number of Employees (Both full and part-time) _____	

Amount of coverage requested: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 Subject to \$100 deductible. <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <p style="text-align: center;">*Contains a criminal conviction clause.</p>	<input type="checkbox"/> 1-Year Bond <input type="checkbox"/> 3-Year Bond <small>(reduced rate of 2.85 x annual premium)</small>
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* In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply.

Check here if this has been previously faxed to us.

Your CNA Surety Agent is:
Address _____
Street
City State Zip
Agent's Code _____

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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Date	The effective date of the bond will be the date the bond is issued.
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P.O. Box 5077 Sioux Falls, South Dakota 57117-5077
 1-800-331-6053 FAX 1-605-335-0357
www.cnasurety.com