



### JANITORIAL SERVICES BOND APPLICATION

Applicant \_\_\_\_\_

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

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

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

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.

Exact Number of Owners \_\_\_\_\_ Are owners to be covered?  Yes  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 <b>*Contains a criminal conviction clause.</b>	<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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

**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.**