



JANITORIAL BOND – EMPLOYEE DISHONESTY

National A Rated Company

Producer:

APPLICANT INFORMATION

APPLICANT'S NAME (include all firm names, trading names or DBA's under which you operate)		
Mailing Address		
City	State	Zip Code
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		Years In Business
Business Phone:	Cell Phone:	FAX
Email:	FEIN/SSAN # _____	
Effective Date: ____ / ____ / ____		Website:
Number Full Time Employees: _____	Number Part Time Employees: _____	Payroll \$ _____
Number of losses in past 3 years: _____	Prior Insurance Company: _____	
Percentage of Work: Residential _____ %	Commercial _____ %	Annual Sales \$ _____

GENERAL INFORMATION

1. Have you had any policies or coverage cancelled, declined or non-renewed in the past 3 years other than a carrier withdrawing from a class of business? YES NO
2. Do you own any other properties or business operations under this legal entity? YES NO
3. Have any operations been sold, acquired or discontinued in the past 5 years? YES NO
4. Any bankruptcies, tax or credit leins in the past 5 years? YES NO
5. Are you a member of International Janitorial Cleaning Services Assn? YES NO

Comments

BOND INFORMATION

Requested Bond Limit \$

Number of Employees

Bond Amounts

Number of Employees	\$2,500	\$5,000	\$10,000	\$25,000
5 or Less	\$100.00	\$100.00	\$114.80	\$170.10
6	\$100.00	\$100.00	\$124.72	\$184.27
7	\$100.00	\$100.66	\$134.64	\$198.44
8	\$100.00	\$107.74	\$144.56	\$212.61
9	\$100.00	\$114.82	\$154.48	\$226.78
10	\$100.65	\$121.91	\$164.40	\$240.95
Each Addl Employee	\$5.67	\$7.08	\$9.92	\$14.17

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT THERETO, COMMITS FRAUD, WHICH IS A CRIME. IN SOME JURISDICTIONS, SUCH CRIME SHALL ALSO BE SUBJECT TO SUBSTANTIAL CIVIL PENALTIES.

SIGNATURE AND AGREEMENTS

The undersigned represents that all statements and answers to questions are true, complete and accurate and that there has been no suppression or misstatement of fact. The undersigned agrees that any policy issued will rely on the truth of the statements and representations made on the application and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance (if issued). The undersigned hereby authorizes Allen Financial Insurance Group and it's Companies to use the information contained in this application and in their files for the purpose of underwriting this insurance.

NOTE: THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER.

Signature of Applicant

Date

Title

SIGNING THIS FORM OR SENDING PREMIUM WITH THIS APPLICATION NEITHER BINDS COVERAGE OR GUARANTEES A POLICY WILL BE ISSUED.

FAX OR EMAIL THIS APPLICATION TO:

**Allen Financial Insurance Group
12424 N. 32nd St #101
Phoenix, AZ 85032
800-874-9191 FAX 602-992-8327 <mailto:ballen@eggroup.com>**