



APPLICATION FOR THIRD PARTY FIDELITY COVERAGE

Travelers Casualty and Surety Company of America
Hartford, Connecticut 06183

Table with 4 columns: AGENCY/BROKER, CODE, NAME & LICENSE NUMBER, POLICY NUMBER

Name of Insured:
Address:

Indicate type of coverage you desire (select only one): Limit of Insurance
Third Party Fidelity Coverage - Blanket Endorsement (all clients) \$
Third Party Fidelity Coverage - Contract Specific Endorsement (specific client) \$

Coverage to be effective on to

SECTION I. DESCRIPTION OF YOUR ORGANIZATION:

- 1. Describe the products/services of your business:
2. Number of employees: Number of locations: Date established: Annual revenues:
3. Type of Organization: Proprietorship Partnership Corporation
4. List professional associations to which you belong:

SECTION II. BLANKET THIRD PARTY COVERAGE:

(to be completed if Blanket Coverage is desired)

- 1. Total number of employees providing services for contracted clients:
2. Total number of client contracts currently in place:
3. Describe the services provided by your employees while on the premises of your contracted clients:
4. Are any services performed for contracted clients off the clients' premises? Yes No
If Yes, please describe:

SECTION III. CONTRACT SPECIFIC THIRD PARTY COVERAGE:

(to be completed if Contract Specific Coverage is desired)

- 1. Name of contracted client:
2. Total number of employees providing services to the client under terms of the contract:
3. Describe the specific services provided by your employees for this client:
4. Are any services performed for contracted clients off the clients' premises? Yes No
If Yes, please describe:
5. Are you presently bidding on this contract? Yes No
6. Is this contract presently in effect Yes No
If Yes, please list effective and expiration dates of the contract:
7. Annual gross dollar value of the contract:

SECTION IV. UNDERWRITING INFORMATION:

- 1. Is an annual audit or review of your operations conducted by an independent CPA? Yes No
If Yes, date of last audit: _____
- 2. Do you verify the employment background of prospective employees? Yes No
If Yes, what method of verification is used? _____
- 3. When making background checks on an 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 such employment was part-time or full-time? Yes No
 - d. Statement of any arrests/convictions for any felony or misdemeanor offenses? Yes No
 - e. Denial or revocation of bond by a bonding company? Yes No
 - f. Credit checks? Yes No
- 4. Indicate if these forms of testing exams are used: _____ Physical _____ Psychological _____ Drug
- 5. Do you use non-employees to perform contracted client services? Yes No
If Yes, how many? _____
- 6. Describe supervisory procedures for all individuals engaged in performing contracted client services: _____
- 7. Do you assess the services provided by your employees for contracted clients at least annually? Yes No
- 8. List and describe all losses sustained by contracted clients and caused by your dishonest employee during the past five years, whether or not you were reimbursed by insurance. Check here if none (). Include corrective actions taken.

SECTION V. GENERAL INFORMATION:

- 1. Do you maintain First Party Fidelity Coverage? Yes No
Incumbent Carrier: _____
Limit of liability: _____ Effective Date: _____
Is Third Party coverage included? Yes No
- 2. Has any request for a fidelity bond been declined or has a fidelity bond been cancelled during the past six years? Yes No
(Not Applicable in Missouri)
If Yes, explain circumstances: _____

SECTION VI. REQUIRED INFORMATION:

Please provide the following as part of this Application:

- 1. Specimen copy of the contract used for all clients.
- 2. If Contract Specific Coverage is desired, a copy of the entire contract which requires Third Party Fidelity Coverage.

The Applicant represents that the information provided herein and attached hereto is current, true and complete.

Attention: Insureds in FL and KY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Date: _____ Signed: _____

Name (printed): _____

Title: _____

**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.**