

# INTERNATIONAL FIDELITY INSURANCE COMPANY

2425 N. Central Expressway, Suite 458, Richardson, TX 75080  
Phone (214) 361-1776 • Fax (214) 361-2926

## APPLICATION FOR BUSINESS SERVICES BOND

Agency Surety Advisors, LLC

Date \_\_\_\_\_

Name (as it is to appear on the bond): \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone No. (\_\_\_\_) \_\_\_\_\_ Taxpayer I.D. # or SS#: \_\_\_\_\_

Type of Business: \_\_\_\_\_ No. of years in business: \_\_\_\_\_

Amount of Bond: \_\_\_\_\_ Effective Date of Bond: \_\_\_\_\_

Have you sustained any employee dishonesty losses in the last six (6) years?  Yes  No

If "Yes", please explain (attach details on separate sheet).

\_\_\_\_\_  
\_\_\_\_\_

Exact Number of Owners \_\_\_\_\_ Exact Number of Employees \_\_\_\_\_

Are Owners to be covered?  Yes  No

Prior Coverage?  Yes  No

Prior Surety Co.: \_\_\_\_\_ Amount: \_\_\_\_\_

I/We, the undersigned owner/officer, declare that the foregoing statements are true and correct. I/We agree to pay all premiums as they become due. I/We also acknowledge and understand that this bond will only cover acts of employees for which said employee is convicted of criminal acts by a court of proper jurisdiction.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

By: \_\_\_\_\_  
Owner/Officer

By: \_\_\_\_\_  
Owner/Officer