RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: 309-692-1000 Fax: 309-692-8637

Fidelity Blanket Bond Application

APPLICANT INFORMATION

Applicant (For Partnership, give full names of partners and trade name)

☐ Individual ☐ LLC
☐ Partnership ☐ LLP
☐ Corporation

Business Address | City | State | Zip

Describe the Products of Services of Your Business or Activity | Date Business was Established

BOND INFORMATION

Type of Bond ☐ COMMERCIAL BLANKET - Covers all employees for a stated amount
☐ BLANKET POSITION - Covers each employee for a stated amount

Amount of Bond	Effective Date	Premium Payments	
$			☐ Three Years in Advance ☐ Annually

UNDERWRITING INFORMATION

Is countersignature of checks required? ☐ Yes ☐ No By Whom?
If "No" explain.

Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? ☐ Yes ☐ No How Often?

Are securities subject to joint control or two or more responsible employees? ☐ Yes ☐ No

Is there an audit by a CPA, public accountant or equivalent, independent of your organization? ☐ Yes ☐ No How Often?

By whom was audit made? (Name & Address) ☐ CPA ☐ Independent Accountant

Date of completion of last audit:

Were any discrepancies or loose practices commented upon in this audit? ☐ Yes ☐ No If "yes" submit copy of audit.

Has similar insurance been declined or cancelled during the past three years? ☐ Yes ☐ No If "yes" explain.

What losses have you sustained within the past five years? | What class of employee or position caused such loss?

What has been done to prevent recurrence of such loss?

Are the number of employees likely to be increased substantially during the term of this bond? ☐ Yes ☐ No

Do you contemplate an expansion of your business soon? ☐ Yes ☐ No

Are there any branches, affiliates or subsidiary companies? ☐ Yes ☐ No (If so, list them.)

Do answers apply to these branches, affiliates and subsidiary companies? ☐ Yes ☐ No

Has there been any change in ownership or management within the past three years? ☐ Yes ☐ No If "yes" explain.

CLASSIFICATION OF ALL EMPLOYEES BY POSITION

List all officers and employees who handle, have custody or maintain records of money, securities or other property. If specific excess coverage is desired on any position, please indicate so. Use separate sheet for list if necessary.

JOB CLASSIFICATION	NUMBER OF EMPLOYEES IN THAT POSITION	JOB CLASSIFICATION	NUMBER OF EMPLOYEES IN THAT POSITION
SUB TOTAL		**TOTAL**	

TOTAL NUMBER OF OTHER EMPLOYEES: _____

The undersigned agrees the above representations are an accurate statement of current information and procedures.

Signed this _____ day of _____, _____.

X _____ _____
Signature of Officer or Employer | Official Title

AGENT/BROKER INFORMATION

Agent/Broker Name	Code	Phone No.	Fax No.	City	State	Zip
Surety Advisors, LLC	39405	622-(713) 1494	622-(713) 1861	Houston	TX	77056

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