Capitol **INDEMNITY CORPORATION**
P. O. Box 5900, Madison, WI 53705-0900
Phone: (608) 231-4450 Tol l Free: (800) 475-4450

BUSINESS SERVICE BOND APPLICATION

Agency Name: _____ Agency No. _____ Bond No. _____

Business Name (Must be exactly as it is to appear on the bond)

_____

Phone Number _____ Social Security Number _____

Address _____
(Street) (City) (State) (Zip)

Type of Business _____

Amount of Bond $ _____ Effective Date _____

Number of Employees: Full Time _____ Part Time _____

How long have you been in business? _____

Do you investigate employment history of job applicants? ☐ Yes ☐ No.
If No, please explain: _____

_____

Have you had a bond with another surety? ☐ Yes ☐ No. If Yes, what is the reason for the change? _____

_____

Internal Controls (Other than audit procedures):

a. Are bank accounts reconciled by someone not authorized to deposit or withdraw? ☐ Yes ☐ No.

If "No", explain: _____

_____

_____

b. Is countersignature of checks required? ☐ Yes ☐ No. If "No", explain: _____

_____

c. Are securities subject to joint control of two or more responsible employees? ☐ Yes ☐ No.
If "No", explain: _____

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgement of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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.

Notice To Arkansas Applicants: "any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Notice To Colorado Applicants: "it is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies."

Notice To Florida Applicants: "any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree."

Notice to Idaho Applicants: "any person who knowingly and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony."

Notice To Kentucky Applicants: "any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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."

Notice To Minnesota Applicants: "a person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."

Notice To Nebraska Applicants: "No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under the policy or contract unless such misrepresentation or warranty. 1) Was material; 2) was made knowingly with the intent to deceive; 3) was relied and acted upon by the company; and 4) deceived the company to its injury.

The breach of warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of loss and contributes to the loss." (44-358)

Notice To New Jersey Applicants: "any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

Notice To New Mexico Applicants: "any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

Notice To New York Applicants: "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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

Notice To Ohio Applicants: "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."

Notice To Pennsylvania Applicants: "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."

Notice To Tennessee and Virginia Applicants: "it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Signed at _____ Insured: _____

This _____ Day of _____ , _____ By: _____
(Signature) Trustee (Title)

SUBMITTING AGENCY'S NAME: _____

Mailing Address: _____

Phone: _____ Contact: _____