



TEXAS DISHONESTY BOND APPLICATION

Applicant:		Phone:
Name of Business:		
Address:		
City:	State:	Zip:
Type of Business:	Purpose and function:	
Have you sustained any employee dishonesty losses in the last 6 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Is so, please give us all the details in a letter.		
Amount of coverage requested: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> 1-Year Bond <input type="checkbox"/> 3-Year Bond (reduced rate of 2.85 x annual premium – Type B only)		
Classification of Business *A or B coverage subject to underwriter discretion. A <input type="checkbox"/> Professional and business offices such as accountants, architects, physicians, non-profit social organizations (officers only and attach list of officers)*, dentists, insurance agents, and attorneys. (Owners/officers are not covered under this bond, unless the insured is a corporation, and the owners/officers are in the regular service of the insured and compensated by salary, wages, etc.) Exact Number of Employees (Both full and part-time) _____ For Dishonesty A limits \$50,000 and over , please complete the following: Will countersignature of checks by required? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom? _____ How often will a complete audit be made? _____ When was last audit made? _____ By whom was audit made? _____ <input type="checkbox"/> Certified Public Accountant <input type="checkbox"/> Independent Accountant <input type="checkbox"/> Employee of Insured Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? How often? _____ **B <input type="checkbox"/> Businesses with more exposure such as cafes, gas stations, retail stores, businesses with salespeople, non-profit social organizations (officers and employees)* and courier services (except those handling cash and negotiable instruments). Contains a conviction clause. Exact Number of Employees (Both full and part-time) _____ Exact Number of Owners/Officers _____ Are owners/officers to be covered? <input type="checkbox"/> Yes*** <input type="checkbox"/> No <small>**In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply under Type B. ***Coverage of owners/officers is subject to underwriter approval.</small>		

Payment Method: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Check If paying by check, the bond will be issued upon receipt of payment to our office. Check should be made payable to James Stafford Insurance Agency and include overnight delivery fee, if requested, and mail to the following address: James Stafford Insurance Agency P.O. Box 1306 Mount Vernon, TX 75457		
Exact Name as appears on card:	Billing Address:	
Card Number (16 Digits)	Card Expiration Date	Three Digit Security Code
Method of Deliver: <input type="checkbox"/> Regular Mail (no extra charges) <input type="checkbox"/> Priority Mail (\$8.00 fee) <input type="checkbox"/> Overnight Delivery (\$18.50 fee)		
Authorized Charge Amount (Please include delivery fee if applicable) \$		

Type A Dishonesty Bond (select professions)

Type of Business	\$10,000	\$25,000	\$50,000	\$100,000
Accountants, Architects, Attorneys	\$152	\$224	\$307	\$427
Physicians, Dentists	\$105	\$113	\$156	\$216
Insurance Agents	\$204	\$302	\$414	\$577
Real Estate Offices	\$162	\$240	\$329	\$457
Social Organizatins	\$105	\$105	\$136	\$189

All figures are for five (5) or less employees.
Above rates are examples and subject to change without notice.
Based on annual premium with no losses in past 3 years.

Type B Dishonesty Bond

# of Employees	\$5,000	\$10,000	\$25,000	\$50,000	\$100,000
5 or less	\$91.00	\$120.34	\$177.55	\$243.55	\$338.94
6	\$98.33	\$130.61	\$192.23	\$262.65	\$362.41
7	\$105.66	\$140.87	\$206.90	\$281.72	\$385.89
8	\$113.00	\$151.15	\$221.57	\$300.79	\$409.36
9	\$120.34	\$161.42	\$236.24	\$319.87	\$432.84
10	\$127.68	\$171.69	\$250.91	\$338.94	\$456.31
11	\$135.00	\$181.95	\$265.58	\$358.01	\$479.78
12	\$142.34	\$192.23	\$280.26	\$377.08	\$503.26
13	\$149.68	\$202.50	\$294.92	\$396.16	\$526.73
14	\$157.02	\$212.76	\$309.60	\$415.23	\$550.21
15	\$164.35	\$223.03	\$324.26	\$434.30	\$573.68
16	\$171.69	\$233.31	\$338.94	\$453.37	\$597.15
17	\$179.02	\$243.58	\$353.61	\$472.45	\$931.13
18	\$186.36	\$253.84	\$368.28	\$491.52	\$644.10
19	\$193.69	\$264.11	\$382.95	\$510.59	\$667.57
20	\$201.03	\$274.39	\$397.63	\$529.66	\$691.05
21	\$208.37	\$284.66	\$411.98	\$548.74	\$714.52
22	\$215.70	\$294.92	\$426.97	\$567.81	\$738.31
23	\$223.03	\$305.19	\$441.63	\$586.88	\$761.47
24	\$230.37	\$315.47	\$456.31	\$605.95	\$784.94
25	\$237.71	\$325.73	\$470.98	\$625.03	\$808.42

Above rates are examples and subject to change without notice.
Based on annual premium with no losses in past 3 years.

Your CNA Surety Agent is:

James Stafford Insurance Agency

P.O. Box 1306.
Mount Vernon, TX 75457
(903) 567-8500

Toll Free: 1-888-869-4904

Fax: 1-888-475-4437

jstafford@bondsonlinetexas.com

Agent's Code: 4 2 - 2 2 7 6 9

Instructions:

1. Complete this application.
2. Once complete, you may send the form by the following methods:
 - a. Mail application with a check for the annual premium to the agents office
 - b. Fax or Email the completed application to our office with credit card information for payment.
3. Once received, your bond is issued on the same day.
4. Your bond is sent to you by regular mail or for an additional fee we can send by overnight delivery.

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.