



The Bond Exchange, Inc.

A Wholesale Insurance Agency

Antiques & Collectibles Insurance Group

P.O. Box 4389 – Davidson, NC 28036

Phone: 800-287-7127 Fax: 704-895-0230

BUSINESS SERVICES BOND APPLICATION

Dishonesty/Janitorial Services

Applicant: _____

Name of Business: _____

Business Street Address: _____

City, State, Zip Code: _____

NOTE: Physical address required on all bonds for municipal tax purposes.

Mailing Address: _____

(If different from Business Address)

City, State, Zip Code: _____

Phone Number: _____ Email Address: _____

Type of Business: _____

Purpose and Function: _____

Have you ever been convicted of a felony: Yes No

Do you have any knowledge of an employee stealing from a client at this time or in the past:

Yes No (If the answers to either question above are Yes, please provide details in a written statement.)

Amount of Coverage Requested:

\$5,000 \$10,000 \$25,000 \$50,000 \$100,000

Number of Employees to be covered: _____ Number of Officer to be covered: _____

(If a non-profit organization, please provide a list of the officer positions to be covered.)

Bond Effective Date: _____ Bond Term: 1 year 3 years

(3 year premium will be 2.85 times the annual premium)

AGENCY INFORMATION: (If you were working with an insurance agent to obtain this bond, please have the info completed below)

Agency Name: _____ Contact Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

*****SIGNATURES ARE NOT REQUIRED ON THIS APPLICATION*****

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.