

**FORM 30  
BUSINESS BLANKET BOND APPLICATION**

|   |  |   |
|---|--|---|
| Name of Employer (For partnership, give full names of partners and trade name.)   |  | INDIVIDUAL <input type="checkbox"/>   |
|   |  | PARTNERSHIP <input type="checkbox"/>  |
|   |  | CORPORATION <input type="checkbox"/>  |
| Business Address  |  |   |
| (Street and Number)   |  | (City) (State) (Zip)  |
| Describe Your Business (purpose, function and source of funding)  |  | Date you were established   |
| Type of Bond <input type="checkbox"/> Commercial Blanket - Covers all employees for a stated amount.<br><input type="checkbox"/> Blanket Position - Covers each employee for a stated amount.<br>(Not available in TX and LA) | Is bond needed because organization is receiving government funds? <input type="checkbox"/> Yes <input type="checkbox"/> No            |   |
| Amount of Bond \$   | Effective Date   | Premium Payments <input type="checkbox"/> Three years in advance <input type="checkbox"/> Annually  |
| Do employees have authority to sign checks?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Will countersignature of checks be required? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br><input type="checkbox"/> Independent Accountant<br><input type="checkbox"/> Employee of Insured |
| Were any discrepancies found?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | 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 bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? <input type="checkbox"/> Yes <input type="checkbox"/> No How often?  | Are securities subject to joint control of two or more responsible employees? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Are the number of employees likely to be increased substantially during the term of this bond? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Do you contemplate an expansion of your business soon?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                     |   |
| Are there any branches, affiliates and subsidiary companies?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (If so, list separately.)  | Do answers apply to these branches, affiliates and subsidiary companies? <input type="checkbox"/> Yes <input type="checkbox"/> No      |   |
| Has there been any change in ownership or management within the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.   |  |   |

**CLASSIFICATION OF ALL EMPLOYEES BY POSITION**  
If specific excess coverage is desired on any position, please so indicate.

|  |                                      |                      |                                      |
|--|--------------------------------------|----------------------|--------------------------------------|
| Officers or Employees who handle or have custody of cash or merchandise. |                                      | All other employees. |                                      |
| Job Classification   | Number of Employees in that Position | Job Classification   | Number of Employees in that Position |
|  |                                      |                      |                                      |
|  |                                      |                      |                                      |
|  |                                      |                      |                                      |
|  |                                      |                      |                                      |
| <b>TOTAL</b>   |                                      | <b>TOTAL</b>         |                                      |
| <b>Total Number of Employees</b>   |                                      |                      |                                      |

|                         |
|-------------------------|
| Agent's Name            |
| Address<br><br>(Street) |
| (City) (State) (Zip)    |
| Agent's Code _____      |

**The undersigned agrees the above representations are an accurate statement of current information and procedures. This application, with Bond Declarations and Provisions, and endorsements issued to form a part thereof, constitute the entire contract.**

|                                  |
|----------------------------------|
| Signature of Officer or Employer |
| Official Title                   |