

A.1 Employee/Volunteer Theft (Dishonesty) VFW QUESTIONAIRE FOR CLUB EMPLOYEES & BINGO PERSONS TO, BE COMPLETED BY COVERED INDIVIDUAL

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Bond Term: October 1, 2022 to September 30, 2023

1. a) Name of Post	Post #
b) Post Address	
2. a) Name of Person to be Covered	
3. Position to be Covered	
4. Coverage Amount Requested \$	
5. Number of Persons Covered <u>1</u>	
6. Number of Locations <u>1</u>	-
7. Post - Annual Income	_
8. Has the post had any losses over the past three years? If yes, provide a description along with the date and amount of loss.	
9. a) Have you ever been convicted of any dishonest or fraudulent employment related act, "for example" burglary, robbery, theft or embezzlement of funds of any kind	
b) If yes, explain	
IF BOND IS NOT RENEWED, TERMINATED, OR CANCELLED AT EXPIRATION DATE OF 10-1-2022, THE POST HAS ONLY 90 DAYS TO SUBMIT A PROOF OF LOSS FOR PRIOR TERM, AFTER 90 DAYS, PRIOR COVERAGE CEASES.	
If this is a replacement for a current position, please advise what person you are replacing	
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Signed this day of	
Signed thisday of(Mor	nth) , (Year)
Signature: Person to be Covered	Form # 4B

Form # 4B

Instructions for Club & Bingo Employee Bonds

> Rates for Club Employee Bonds: \$7.00 per thousand, with a minimum of \$3,000 bond

Complete the Club Employee Bond form

Use the current years' form only

Complete the name of post, post # and post address Write in name of person to be bonded and the position Write in the bonding amount Write in the post annual income Complete lines 7 through 9 and be sure to sign and date the application

> Send the completed application to: Department of Florida VFW, 543 NE Sanchez Ave, Ocala, FL 34470, along with a check for the premium amount.

Payment must be included. Incomplete applications will not be processed.