



Tallman Insurance

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

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

**Coverage Term: October 1, 2024 to September 30, 2025**

**FORM MUST BE COMPLETED IN FULL**

1. a) Name of Post \_\_\_\_\_ Post # \_\_\_\_\_

b) Post Address \_\_\_\_\_  
Street City State Zip

2. a) Name of Person to be Covered \_\_\_\_\_

3. Position to be Covered \_\_\_\_\_

4. Coverage Amount Requested \$ \_\_\_\_\_

5. Number of Persons Covered 1

6. Number of Locations 1

7. Post - Annual Income \_\_\_\_\_

8. Has the post had any crime losses (Theft of Money by Employees) over the past three years? \_\_\_\_\_  
If yes, provide a description along with the date and amount of loss. **No Coverage can be extended until Travelers reviews it.**

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 COVERAGE IS NOT RENEWED, TERMINATED, OR CANCELLED AT EXPIRATION DATE OF 10-1-2024, 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**

\_\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)

**Signature: Person to be Covered**

**Form Must be Signed by Covered Person**

### **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.**