



DEPARTMENT HEADQUARTERS
Veterans of Foreign Wars of the United States
 TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA



Dear Comrade Commander:

Questionnaire for VFW Accountable Officers Crime Coverage

August 1, 2024

One of the most important communications you will receive during the year concerns the bond of your Unit Quartermaster. Section 703 of our National By-Laws requires that each accountable officer shall be bonded with an Indemnity Company as surety and the By-Laws places the responsibility for adequate bonding upon the Commander of the post. In any business it is customary to bond any officer handling funds. **THE BOOKS AND RECORDS OF THE ACCOUNTABLE OFFICER MUST BE AUDITED AT LEAST QUARTERLY BY THE TRUSTEES. THIS IS TO COMPLY WITH SECTION 218 OF THE NATIONAL MANUAL OF PROCEDURES.**

The Department Headquarters carries a Crime Policy for the bonding of Department and Post Accountable Officers. This Policy runs for a year – from September 1 to August 31 – premium payments are made on that basis. Coverage for all accountable officers expires on August 31 and premium for the New Year is due on September 1.

Any unit may decide whether it prefers to take out a Policy with some other surety company or have its funds protected by the Department Headquarters Crime Policy. But the matter should be given prompt attention because if your Accountable Officer had previously been covered through the National Headquarters, **a new premium payment is required by September 1, 2024 and delinquent after this date.**

IF THE POLICY IS NOT RENEWED, TERMINATED, OR CANCELLED AT EXPIRATION DATE OF 9-1-2024, THE POST HAS ONLY 90 DAYS TO SUBMIT A PROOF OF LOSS FOR PRIOR TERM. AFTER 90 DAYS PRIOR COVERAGE CEASES.

COVERAGES OF THE POLICY REQUIRE THAT:

1. You agree to make/or cause to be made, at least annually, an audit of your books and accounts, including complete verification of all securities and bank balances pertaining to each “employee and/ or volunteer”.

If the above is not complied with, the Insurance Company will refuse to honor claim of missing funds which cannot be proven by records. Monthly audits and reconciliation of bank statements may avoid this denial of claim.

2. The Insurance Company will not pay for loss resulting from any unauthorized advances made by an “employee” to any member for delinquent dues and assessments.

3. “Employee” means any duly elected position, or any appointed officer as listed in the policy schedule.

4. POST MUST SUBMIT A PROOF OF LOSS FORM WITHIN 120 DAYS FROM THE FIRST DATE OF DISCOVERY OF THE LOSS. Proof of loss resulting from dishonest acts on the part of the bonded officer is required in settlement of claims.

THIS POLICY IS ONLY FOR THE YEAR SEPTEMBER 1, 2024 TO AUGUST 31, 2025.

The funds of your Post are protected only for that year. Premium for the following year will be due September 1, 2025.

RETURN THIS QUESTIONNAIRE WITH YOUR PREMIUM CHECK PAYABLE TO YOUR DEPARTMENT HEADQUARTERS

 Post # and State

I hereby apply for A1. Employee/Volunteer Theft coverage in the amount of \$ _____ for the position of _____. For the year from September 1, 2024 through August 31, 2025.

Number of Persons Bonded: 1 Number of Locations: 1 Post Annual Income: \$ _____ Dated: _____.

Has the post had any Crime Coverage (employee/ volunteer theft of money) losses over the past three years? _____.

If yes, provide a description with date & amount of loss on a separate sheet & what changes you have made so this does not happen again.

No Coverage can be extended until Travelers reviews and approves it.

DEADLINE FOR COVERAGE IS SEPTEMBER 1, 2024 – AFTER THIS DATE YOU WILL BE DELIQUENT AND NOT IN COMPLIANCE WITH THE VFW BY-LAWS.

 QM or Commander or Adjutant or Sr. Vice Signature

 Phone Number

 Street Address, City and Zip

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For any request to increase limits mid-term for VFW Accountable Officers Crime Coverage and/ or Club Manager Crime Coverage each Post must provide an Increase Crime Limit Statement below:

I hereby apply for an increase for A1. Employee/Volunteer Theft Coverage in the new total amount of \$_____ for the position of _____

Regarding the request for an increased crime limit, we affirm that we have had no losses and no claims (or knowledge of such matter) which would influence the coverage provided hereunder.

Please note that submission of this questionnaire does not guarantee the coverage limit increase requested.

Post # and Location (City & State)

QM or Commander or Adjutant or Sr. Vice Signature

Date

Instructions for Accountable Officer Bonds

- Rates for Accountable Officer Bonds: \$4.00 per thousand, with a minimum of \$3,000 bond

Complete the Accountable Officers Bond form

Use the current years' form only

- Write in the Post #
 - Write in the amount of the bond you are applying for
 - Write in the position you are applying for
 - Write in the Post Annual Income
 - Write in the Date
 - Complete the Applicants name, phone # and post location
- 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.