



A.1.Increase Form
DEPARTMENT HEADQUARTERS
Veterans of Foreign Wars of the United States
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA



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 -

New total amount \$ _____

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 until approved by insurance carrier.

Signature

Date

Post #

Location (City & State)

For VFW Department use only

PRIOR BOND AMOUNT \$ _____ DATE BONDED _____

NEW BOND AMOUNT \$ _____ DATE BONDED _____

TOTAL INCREASE AMOUNT \$ _____