

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.

When submitting a bond increase, the increase form as well as another original club & bingo employee bond form must be filled out and submitted together with the increase payment amount.

Payment must be included.

Incomplete applications will not be processed.



Questionnaire for Club Employees & Bingo Persons



A.1 Employee/Volunteer Theft (Crime Coverage)
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
Coverage Term: October 1, 2025 to October 1, 2026

1. Name of Post _____ Post # _____

Post Address _____
Street City State Zip

2. Name of Person Covered: _____

3. Position to be Covered: _____

4. Coverage Amount Requested: \$ _____

5. Post Annual Income: \$ _____

6. Has the post had any crime losses (Theft of Money by Employee/ Volunteer) over the past 3 years? YES ☐ NO ☐

If yes, please contact your Department for a Loss Questionnaire. No coverage can be extended until approved by insurance carrier.

7. Has the employee/volunteer ever been convicted of a dishonest or fraud employment related act? YES ☐ NO ☐

If yes, explain: _____

8. *If this is a replacement for a current position, please advise who you are replacing :* _____

Number of Persons Covered: 1 Number of Locations: 1

Printed Name of Covered Person

Signature of Covered Person Date

Contact Phone # _____

NOTE : Questionnaire is not valid unless all questions are answered. Coverage may be postponed if not completed in **FULL**.
IF COVERAGE IS NOT RENEWED, TERMINATED, OR CANCELLED AT EXPIRATION DATE OF 10-1-2025, THE POST
HAS ONLY 90 DAYS TO SUBMIT A PROOF OF LOSS FOR PRIOR TERM, AFTER 90 DAYS, PRIOR COVERAGE CEASES.
Form 4B - Revised 2025