

Instructions for Accountable Officer Bonds

- Rates for Accountable Officer Bonds: **\$5.00** 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.

When submitting a bond increase, the increase form as well as another original accountable officers 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 VFW Accountable Officers Crime Coverage

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



Dear Comrade Commander:

August 1, 2025

One of the most important communications you will receive during the year concerns appropriate bonding of your Post Positions. Section 703 of the National By-Laws requires that each Accountable Officer shall be bonded with an Indemnity Company as surety. The By-Laws place the responsibility for adequate bonding upon the Commander of the post. Section 218 of the National Manual requires **THE BOOKS AND RECORDS OF THE ACCOUNTABLE OFFICER BE AUDITED AT LEAST QUARTERLY BY THE TRUSTEES.**

The Department Headquarters carries a Crime Policy for the bonding of Department and Post Accountable Officers. Any unit may decide whether it prefers to take out a policy with another surety company or have its funds protected by the Department Headquarters Crime Policy. However, prompt attention is required because if your Accountable Officers had previously been covered through the Department Program, a new premium payment is required by September 1, 2025 or it will be considered delinquent.

COVERAGES OF THE POLICY REQUIRE:

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 may 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 may 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. **IF THE POLICY IS NOT RENEWED, TERMINATED, OR CANCELLED AT EXPIRATION DATE OF 9-1-2025, THE POST HAS ONLY 90 DAYS TO SUBMIT A PROOF OF LOSS FOR PRIOR TERM. AFTER 90 DAYS PRIOR COVERAGE CEASES.**
5. **POST MUST SUBMIT A PROOF OF LOSS FORM WITHIN 120 DAYS FROM THE FIRST DATE OF DISCOVERY OF THE LOSS.**

THIS POLICY IS ONLY FOR THE YEAR SEPTEMBER 1, 2025 TO SEPTEMBER 1, 2026

The funds of your Post are protected only for that year. Premium for the following year will be due September 1, 2026

RETURN THIS QUESTIONNAIRE COMPLETED IN FULL WITH YOUR PREMIUM CHECK PAYABLE TO YOUR DEPARTMENT HEADQUARTERS

STATE _____ POST# _____

I hereby apply for A1. Employee/ Volunteer Theft coverage for the year from September 1, 2025 through September 1, 2026 in the

AMOUNT of \$ _____ for the POSITION of _____

Post Annual Income: \$ _____

Has the post had any Crime Coverage losses (theft of money) over the past 3 years by an Accountable Officer? YES ☐ NO ☐

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

Number of Persons Bonded: 1

Number of Locations: 1

NOTE : Questionnaire is not valid unless **ALL** questions are answered. Coverage may be postponed if not completed in **FULL**.
Deadline for coverage is September 1, 2025 -
After this date you will be delinquent and not in compliance with the VFW By- Laws.

Form 2 - Revised 2025

QM or Commander or Adjutant or Sr Vice Signature

Date

Phone Number

Street Address, City and Zip