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