



**THIRD PARTY FIDELITY COVERAGE APPLICATION
 BUSINESS SERVICES
 COVERAGE LIMITS \$100,000 AND UNDER**

Policy Term: 1-Year 3-Years Prepaid
 Renewal Option: Agency Bill Direct Bill

Agent

Agent No.

Address

Complete Name of Applicant (Please Print or Type)

Address:

Amount of Coverage \$

Total Number of Full-Time and Part-Time Employees

EMPLOYER'S STATEMENT

Type of Business – Prior Loss History

Type of Business (Describe Product or Service)

Date Business Established

Individual

Partnership

Corporation

LLC

Manufacturer

Wholesaler

Retailer

Non Profit

Other (Please Describe)

Third Party Fidelity Losses (past 6 years) Give Dates Losses Discovered – Check if None

Date

Amount

Description of Loss and Employee's Position

Prior Coverage: Check if None

Type of Coverage

Name of Insurer

In Force Dates

Amount

Insurance Fraud Warning:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

Signed on this

day of

Applicant Name

By: