



**Travelers Casualty and Surety Company of America**  
Hartford, Connecticut 06183

AGENCY/ BROKER	CODE	NAME & LICENSE NUMBER	POLICY NUMBER
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Name of Insured: \_\_\_\_\_  
Address: \_\_\_\_\_

Indicate type of coverage you desire (select only one): **Limit of Insurance**

Third Party Fidelity Coverage – Blanket Endorsement (all clients) \$ \_\_\_\_\_

Third Party Fidelity Coverage – Contract Specific Endorsement (specific client) \$ \_\_\_\_\_

Coverage to be effective on \_\_\_\_\_ to \_\_\_\_\_

**SECTION I. DESCRIPTION OF YOUR ORGANIZATION:**

- Describe the products/services of your business: \_\_\_\_\_
- Number of employees: \_\_\_\_\_ Number of locations: \_\_\_\_\_ Date established: \_\_\_\_\_ Annual revenues: \_\_\_\_\_
- Type of Organization: \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation
- List professional associations to which you belong: \_\_\_\_\_

**SECTION II. BLANKET THIRD PARTY COVERAGE:**

*(to be completed if Blanket Coverage is desired)*

- Total number of employees providing services for contracted clients: \_\_\_\_\_
- Total number of client contracts currently in place: \_\_\_\_\_
- Describe the services provided by your employees while on the premises of your contracted clients: \_\_\_\_\_
- Are any services performed for contracted clients off the clients' premises?  Yes  No  
If Yes, please describe: \_\_\_\_\_

**SECTION III. CONTRACT SPECIFIC THIRD PARTY COVERAGE:**

*(to be completed if Contract Specific Coverage is desired)*

- Name of contracted client: \_\_\_\_\_
- Total number of employees providing services to the client under terms of the contract: \_\_\_\_\_
- Describe the specific services provided by your employees for this client: \_\_\_\_\_
- Are any services performed for contracted clients off the clients' premises?  Yes  No  
If Yes, please describe: \_\_\_\_\_
- Are you presently bidding on this contract?  Yes  No
- Is this contract presently in effect  Yes  No  
If Yes, please list effective and expiration dates of the contract: \_\_\_\_\_
- Annual gross dollar value of the contract: \_\_\_\_\_

**SECTION IV. UNDERWRITING INFORMATION:**

- 1. Is an annual audit or review of your operations conducted by an independent CPA?  Yes  No  
If Yes, date of last audit: \_\_\_\_\_
- 2. Do you verify the employment background of prospective employees?  Yes  No  
If Yes, what method of verification is used? \_\_\_\_\_
- 3. When making background checks on an employee, do you obtain:
  - a. The employee's and employer's reason for termination of employment?  Yes  No
  - b. An explanation for periods of unemployment?  Yes  No
  - c. Whether such employment was part-time or full-time?  Yes  No
  - d. Statement of any arrests/convictions for any felony or misdemeanor offenses?  Yes  No
  - e. Denial or revocation of bond by a bonding company?  Yes  No
  - f. Credit checks?  Yes  No
- 4. Indicate if these forms of testing exams are used: \_\_\_\_\_ Physical \_\_\_\_\_ Psychological \_\_\_\_\_ Drug
- 5. Do you use non-employees to perform contracted client services?  Yes  No  
If Yes, how many? \_\_\_\_\_
- 6. Describe supervisory procedures for all individuals engaged in performing contracted client services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7. Do you assess the services provided by your employees for contracted clients at least annually?  Yes  No
- 8. List and describe all losses sustained by contracted clients and caused by your dishonest employee during the past five years, whether or not you were reimbursed by insurance. Check here if none ( ). Include corrective actions taken.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V. GENERAL INFORMATION:**

- 1. Do you maintain First Party Fidelity Coverage?  Yes  No  
Incumbent Carrier: \_\_\_\_\_  
Limit of liability: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Is Third Party coverage included?  Yes  No
- 2. Has any request for a fidelity bond been declined or has a fidelity bond been cancelled during the past six years?  Yes  No  
If Yes, explain circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION VI. REQUIRED INFORMATION:**

Please provide the following as part of this Application:

- 1. Specimen copy of the contract used for all clients.
- 2. If Contract Specific Coverage is desired, a copy of the entire contract which requires Third Party Fidelity Coverage.

The Applicant represents that the information provided herein and attached hereto is current, true and complete.

**Attention: Insureds in FL and KY**

**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.**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Name (printed): \_\_\_\_\_  
Title: \_\_\_\_\_

**THE INSURANCE APPLIED FOR IS FOR YOUR BENEFIT ONLY.  
IT PROVIDES NO RIGHTS OR BENEFITS TO ANY CLIENT OR TO ANY OTHER PERSON OR ORGANIZATION.**