

Western Surety Company

APPLICATION FOR BLANKET POSITION BOND (THIS APPLICATION IS NOT A BINDER)

Name of Association, League or Club: _____

Name of Contact Person: _____

Mailing Address for Correspondence: _____

Bus. Phone Number: _____ Home Phone Number: _____

Fax Number: _____ E-mail Address: _____

Has the association/club had any losses in the past (6) years? Yes _____ No _____

If yes, attach detailed explanation on separate page.

Will countersignature of checks be required for amounts exceeding \$1000? Yes _____ No _____

If yes, by whom (name position)? _____

Will audits be done? _____ How often? _____ By Whom? _____

Are bank accounts reconciled by someone not authorized to deposit or withdraw funds? Yes _____ No _____

Estimate the maximum bank account balance: _____

List the positions to be covered: (President, Treasurer, Secretary, etc.)

(If additional positions need to be covered, please attach separate sheet.)

Effective Date of Bond: _____ Authorized Officer's Signature: _____

<u>No. of Positions</u>	<u>Amount of Coverage</u>			
	<u>\$10,000</u>	<u>\$25,000</u>	<u>\$50,000</u>	<u>\$100,000</u>
5 or less	\$164.82	\$220.10	\$288.89	\$375.03
6 people	\$174.74	\$234.28	\$302.32	\$398.71
7 people	\$184.66	\$248.45	\$320.74	\$421.39
8 people	\$194.59	\$262.63	\$339.17	\$444.07
9 people	\$204.51	\$276.80	\$357.60	\$466.75
10 people	\$214.43	\$290.98	\$376.03	\$489.43
11 people	\$224.35	\$305.15	\$394.45	\$512.11
12 people	\$234.28	\$319.33	\$412.88	\$534.79

This application is for an Employee (Volunteer) Dishonesty Bond. It is designed to cover losses such as theft or embezzlement of registration fees by your employees/volunteers. The bond will pay up to the amount of coverage for each position that is involved in the loss. Oftentimes, more than one position is involved in the loss. In this case, for example, if the bond were written for \$10,000 and two positions were involved in the loss, a maximum of \$10,000 per position could be paid out (totalling \$20,000).

Please send application and check made payable to:

Pullen Insurance Services, Inc.
 6300 Ridglea Place, #614
 Fort Worth, TX 76116
 (817)738-6100 Fax: (817) 738-2993
 E-mail: ppullen@pullenins.com

****Rates are for all states except Texas****

