

INDIANA

# Janitorial Services

## Bond Application

### APPLICANT INFORMATION

APPLICANTS NAME: (AS IT IS TO APPEAR ON BOND)

BUSINESS ADDRESS: (STREET, CITY, STATE, ZIP)

BUSINESS PHONE:  
( )

SOCIAL SECURITY OR TAXPAYER ID#:

PLEASE DESCRIBE THE NATURE OF YOUR OPERATIONS:

DATE STARTED:

- PROPRIETORSHIP     PARTNERSHIP  
 CORPORATION     LLC

WHAT PERCENTAGE OF YOUR CUSTOMERS ARE: COMMERCIAL \_\_\_\_\_% RESIDENTIAL \_\_\_\_\_%

WHAT PERCENTAGE OF YOUR REVENUE IS: COMMERCIAL \_\_\_\_\_% RESIDENTIAL \_\_\_\_\_%

IS THIS BOND REQUIRED TO MEET THE TERMS OF A CONTRACT?  YES     NO    IF YES, PLEASE COMPLETE THE INFORMATION BELOW AND PROVIDE A COPY OF THE CONTRACT WITH THIS APPLICATION.

NAME OF COMPANY CONTRACTED WITH: \_\_\_\_\_

AMOUNT OF CONTRACT: \$ \_\_\_\_\_ CONTRACT TERM: \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

### BOND INFORMATION

BOND AMOUNT:

EFFECTIVE DATE:

PREVIOUSLY BONDED BY:

PREVIOUS BOND #:

HAVE YOU SUSTAINED ANY EMPLOYEE DISHONESTY LOSSES IN THE LAST SIX (6) YEARS?  YES     NO    IF YES, GIVE A DETAILED EXPLANATION.

NUMBER OF OWNERS:

NUMBER OF EMPLOYEES:

### READ CAREFULLY AND SIGN

I/WE THE UNDERSIGNED, DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT. **ADDITIONALLY I/WE ACKNOWLEDGE THAT THE FIRST YEAR'S PREMIUM IS FULLY EARNED UPON ISSUANCE OF THE REQUESTED BOND** AND I/WE AGREE TO PAY ALL PREMIUMS AS THEY BECOME DUE. I/WE ALSO ACKNOWLEDGE AND UNDERSTAND THAT THIS BOND WILL ONLY COVER ACTS OF EMPLOYEES FOR WHICH SAID EMPLOYEE IS CONVICTED OF CRIMINAL ACTS BY A COURT OF PROPER JURISDICTION. I/WE UNDERSTAND THAT EACH LOSS PAID BY THE SURETY IS SUBJECT TO A DEDUCTIBLE IN THE AMOUNT OF \$100.00 FOR EACH EMPLOYEE COMMITTING AN ACT WHICH CAUSES A LOSS.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

**PLEASE NOTE: ALL OWNERS MUST SIGN BELOW (use additional pages if necessary).**

PRINT NAME AND TITLE:

SIGNATURE:  
X

SOCIAL SECURITY #:

PRINT NAME AND TITLE:

SIGNATURE:  
X

SOCIAL SECURITY #:

PRINT NAME AND TITLE:

SIGNATURE:  
X

SOCIAL SECURITY #:

PRINT NAME AND TITLE:

SIGNATURE:  
X

SOCIAL SECURITY #:

PRODUCER # OR NAME:

SURETY:

BOND#:

## **PREMIUM SCHEDULE**

### **Rates For Five (5) Employees or Less**

(Minimum earned premium is \$100.00)

<b>Amount of Coverage</b>	<b>One (1) Year Premium</b>
\$ 2,500	\$ 100
\$ 5,000	\$ 100
\$ 10,000	\$ 100
\$ 25,000	\$ 250
\$ 30,000	\$ 300
\$ 40,000	\$ 400
\$ 50,000	\$ 500
\$ 60,000	\$ 600
\$ 75,000	\$ 750
\$ 80,000	\$ 800
\$ 90,000	\$ 900
\$ 100,000	\$ 1,000

Submit requests to your local representative for rate quote if Applicant has more than 100 employees or is requesting limits in excess of \$20,000.

Add \$3.50 for each additional employee over 5 and up to 100 (including owners).