NEW HAMPSHIRE

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 EXPLAINATION.

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)

Amount of Coverage	One (1) Year Premium
$ 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).