

BROWNYARD PROGRAMS, LTD.

Fidelity Bond Application for: • Private Security Agencies & • Cleaning / Maintenance Services

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1. Name _____ Date _____
 (Complete name as it should appear on the policy, including Inc., Corp., Ltd., etc.)
 Corporation Partnership Individual Other _____
 2. Principal Office Address (Include city, state, zip code) _____

 3. Mailing Address (if different from above) _____
 4. Branch Offices _____

 5. Telephone _____ Fax Number _____
 6. Date Established _____ License # _____
 7. Names and Titles of all officers, partners or owners _____

 8. What background do the principals of this organization have in public or private law enforcement / security?

 9. Describe experience requirements and duties of supervisors _____

 10. Pre-employment screening procedures *Please attach a copy of your employment application.*
 Fingerprints Yes No Drug Testing Yes No Honesty Testing Yes No
 Psychological Testing Yes No Prior Employer Yes No Other – describe _____
 Personal Interview Yes No If yes, by whom conducted? _____
 11. Has your Employee Dishonesty, Forgery, Burglary, Robbery, Theft, Disappearance or Destruction Insurance ever been declined or cancelled within the last six years by any insurer? Yes No
 If yes, please explain _____
 12. Audits
 a) How frequently are audits made? _____
 b) Who does the audits? (Independent CPA, Public Accountant, or Auditor, Staff) _____
 c) Are all bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No
 If yes, how often? _____
 d) Is countersignature of checks required? Yes No
 If no, by whom are checks signed? _____
 13. Is there an exposure of precious metals or stones such as gold, silver, industrial diamonds etc., or other high value materials such as computer chips, electronic components, etc.? Yes No
 If yes, attach a separate listing of such exposures, identify each location and state a maximum value at each location.
 14. Are any of the employees involved in the protection of high value cargo at trucking terminals, piers, etc.? If yes, explain Yes No

 15. Do the employees have any access to drugs, medicine, etc. at hospitals, institutions, or clients Yes No
 If yes, explain _____
 16. Do you have any contracts or prospective clients who are requesting this coverage? Yes No
 If so, please provide details (use a separate sheet if necessary) _____
 17. On a separate sheet, list names of Employee Benefit Plans required to be bonded by Title I of the Employee Retirement Income Security Act of 1974 to be included hereunder. Show total number of fiduciaries, trustees, administrators, officers or employees who are not Employees of the Insured: _____

- Check here, if no plans are to be covered.

18. List other entities you may have, to be included as a named insured (not clients). (Note: The number of employees must also be included in the grand total below): _____

19. List all prior fidelity insurance information for the past **three** years:

Policy Period	Insurance Co	Limits	Deductible	Premium

20. Employee Dishonesty Losses during the past **six** years: If no claims, please check here

Date of Loss	Amount of Loss	Description of Loss

21. Effective Date Desired _____ Limits _____ Deductible _____

22. Number of Employees by Category

Category Sub-totals

- a) Office & Management _____
 - Executive _____
 - Supervisory _____
 - Clerical _____
- b) Cleaning / Maintenance (breakdown by type of client) _____
 - Retail (stores, markets, etc.) _____
 - Industrial (warehouses, factories, etc.) _____
 - Institutional (schools, hospitals, etc.) _____
 - Financial Institutions _____
 - Hotels, Apartments, Offices _____
 - Airports, Terminals _____
 - Residential _____
- c) Security Guards (breakdown by type of client) _____
 - Retail (stores, markets, etc.) _____
 - Industrial (warehouses, factories, etc.) _____
 - Institutional (schools, hospitals, etc.) _____
 - Financial Institutions _____
 - Hotels, Apartments, Offices _____
 - Airports, Terminals _____
 - Residential _____
- d) Private Investigators _____
- e) Shopping Service Shoppers _____
- f) Polygraph Examiners _____
- g) Motor Patrol _____
- h) Armored Car Drivers / Helpers _____
- i) Couriers (money, valuables, etc.) _____
- j) Alarm Response _____
- k) Alarm Installation _____
- l) Alarm Monitoring _____
- m) Other: _____

Total number of employees: Full Time _____ Part Time _____ **GRAND TOTAL:** _____

NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person, files an application containing any false information, or conceals for the purpose of misleading any fact material thereto, commits a fraudulent act, which is a crime.

X

Applicant's Signature _____ Title _____ Date _____

Name of Insurance Broker, address, email address, phone & fax number