

**BOND SECTION**

Applicant (First Named Insured)	Last Calendar Year	Have You Ever Had Bond/Crime Coverage?
	Total W-2's _____ Total 1099's _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see page 2.

CRIME COVERAGE	LIMIT	DEDUCTIBLE
I. A. INSURED'S FIDELITY COVERAGE .....	\$ _____	\$ _____
B. CLIENT'S FIDELITY COVERAGE .....	\$ _____	\$ _____
C. LEGAL LIABILITY FIDELITY COVERAGE .....	\$ _____	\$ _____
D. DEPOSITOR'S FORGERY COVERAGE .....	\$ _____	\$ _____
II. LOSS INSIDE PREMISES COVERAGE .....	\$ _____	\$ _____
III. LOSS OUTSIDE PREMISES COVERAGE .....	\$ _____	\$ _____
IV. TRADE SECRET FIDELITY COVERAGE .....	\$ _____	\$ _____
V. CREDIT CARD FORGERY COVERAGE .....	\$ _____	\$ _____
VI. COMPUTER CRIME COVERAGE .....	\$ _____	\$ _____

**AUDITS, CASH, AND ACCOUNTS**

How Often Do You Conduct Audits?	Who Conducts Your Audit?
	<input type="checkbox"/> Independent CPA <input type="checkbox"/> Public Accountant or Auditor <input type="checkbox"/> Staff CPA <input type="checkbox"/> Other (Explain fully on a separate sheet)

Did You Check the Background/References on Your Comptroller?

Yes  No If No, Explain.

Are Checks Kept in a Locked Safe/Cabinet?	Do You Use a Rubber Signature Stamp?	If Use a Signature Stamp, Do You Keep It Locked Up?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are Bank Accts. Reconciled By Someone Not Authorized to Deposit or Withdraw Therefrom?	Name and Title	How Often?
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Will Counter Signature of Checks Be Provided?	If Not, Signed By Whom?	Do Vouchers or Other Supporting Records Accompany All Checks To Be Signed?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Are Vouchers or Records Voided When Checks Are Signed?	Incoming Checks Stamped "For Deposit Only?"	Are Payroll Checks Made Up In Accordance With Time Record Sheets?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are Time Sheets Voided After A Check Has Been Issued?  
 Yes  No If No, List Controls To Prevent Duplicates.

Are You Involved in Any Franchising?	Do You Provide Payroll And/Or Accounting Services For Unaffiliated Offices?
<input type="checkbox"/> Yes** <input type="checkbox"/> No	<input type="checkbox"/> Yes** <input type="checkbox"/> No

Are You Involved In Any Other Business Other Than The Temporary Help Service?  
 Yes  No If Yes, Explain.

Are Any Of Your Temps Independent Contractors Paid By 1099?	How Many Temps Are Independent Contractors?
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do Your Temps Be come Involved In the Transportation of Monies, Securities or Property Outside the Premises of the Client?  
 Yes  No If Yes, Specify the Type of Client, Maximum Value Amounts, and Provide a Copy of the Contract

Do You Use a Courier Service to Transport Any of Your Valuable Papers/Computer Back-Ups?  
 Yes  No If Yes, Please Explain.

\*\* If You Answered "Yes," Please Attach Contract and/or Detailed Description of Other Business Services Provided and Scope of Business.

**CLASS ONE EMPLOYEES: This Includes all office staff and regular full-time employees of the insured**

President/Owner(s) ..... # _____	Treasurer ..... # _____	Accounting Personnel ..... # _____
Vice President ..... # _____	Receptionist ..... # _____	Sales Staff ..... # _____
Secretary ..... # _____	Office Clerical ..... # _____	Other ..... # _____

**CLASS TWO EMPLOYEES: This Includes all employees who are placed as temporary workers by the insured**

Provide Percentages in areas in which your agency provides temporary employees.

Clerical		Health		Financial	
Typing/Filing	_____ %	RN's/LPN's	_____ %	Bank Tellers	_____ %
Secretarial	_____ %	Nurses Aid	_____ %	Bookkeepers	_____ %
Mail/Inventory	_____ %	Physical Therapist	_____ %	Financial Clerks	_____ %
Messengers	_____ %	Speech Therapist	_____ %	Accounts	_____ %
Other: _____	_____ %	Companions	_____ %	Other: _____	_____ %
Other: _____	_____ %	Dieticians	_____ %	Other: _____	_____ %
Other: _____	_____ %	Other: _____	_____ %	Other: _____	_____ %
Word Processing		Technical Professional		Blue Collar	
Word Processors	_____ %	Engineers	_____ %	Factory Workers	_____ %
Data Entry Clerks	_____ %	Architects	_____ %	Armed Security	_____ %
Key Punch	_____ %	Programmers	_____ %	Watchmen	_____ %
Other: _____	_____ %	Other: _____	_____ %	Assembly	_____ %
Other: _____	_____ %	Other: _____	_____ %	Other: _____	_____ %
Other: _____	_____ %	Other: _____	_____ %	Other: _____	_____ %

**COMMENTS**

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\_\_\_\_\_

\_\_\_\_\_

Names of employee welfare or pension plans to be included and number of trustees and plan officials of each  Check here if none

Name of Plan	Number of Trustees and Plan Officials

**LOSS HISTORY**  Check here if none  See attached loss summary

Date of Loss	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status
						<input type="checkbox"/> Open <input type="checkbox"/> Closed
						<input type="checkbox"/> Open <input type="checkbox"/> Closed
						<input type="checkbox"/> Open <input type="checkbox"/> Closed
						<input type="checkbox"/> Open <input type="checkbox"/> Closed