



# How to Submit Your Application

## Step 1: Complete the application

- Click into the appropriate fields and enter your information:
- Print the completed form, as you will not be able to save the changes you have made
- If you prefer, you may print the blank form and type in or hand-print your information

## Step 2: Submit your Employee Dishonesty Bond application to Brunswick Companies:

- **Via Email:**  
Scan the completed application, as well as any accompanying documents, and email to [m.levinson@brunswickcompanies.com](mailto:m.levinson@brunswickcompanies.com)
- **Via Fax:**  
Fax the documents to **330.864.8661**, Attention: Surety Department



Brunswick Companies  
 2857 Riviera Drive  
 Akron, OH 44333  
 330-864-8800  
 Fax: 330-864-8661

**DISHONESTY BOND APPLICATION**

Applicant \_\_\_\_\_

Name of Business \_\_\_\_\_

Address (include any branch location addresses) \_\_\_\_\_  
Street and Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Phone Number \_\_\_\_\_

Type of Business \_\_\_\_\_

Purpose and function \_\_\_\_\_

Have you sustained any employee dishonesty losses in the last 6 years?  Yes  No If so, please give us all the details in a letter.

Amount of coverage requested:  \$5,000  \$10,000  \$25,000  \$50,000  \$100,000

1-Year Bond  3-Year Bond (reduced rate of 2.85 x annual premium)

Classification of Business \*A or B coverage subject to underwriter discretion.

A  Professional and business offices such as accountants, architects, physicians, dentists, insurance agents, and attorneys. (Officers are not covered under this bond, unless the insured is a corporation, and the officers are in the regular service of the insured and compensated by salary wages, etc.)

Exact Number of Employees (Both full and part-time) \_\_\_\_\_

Exact Number of Officers \_\_\_\_\_ Are officers to be covered?  Yes\*\*\*  No

A  Non-Profit Social Organizations - **Officers Only**

Exact Number of Officers \_\_\_\_\_ (Attach list of officer positions)

\*\*\*Coverage of officers is subject to underwriter approval.

**For Dishonesty A limits \$50,000 and over, please complete the following:**

Will countersignature of checks be required?  Yes  No By whom? \_\_\_\_\_

How often will a complete audit be made? \_\_\_\_\_ When was last audit made? \_\_\_\_\_

By whom was audit made?  Certified Public Accountant  Independent Accountant  Employee of Insured

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

How often? \_\_\_\_\_

**\*\*B  Businesses with more exposure such as cafes, gas stations, retail stores, businesses with salespeople, non-profit social organizations (officers and employees - Note: Volunteers not covered unless endorsement added by Company) and courier services (except those handling cash and negotiable instruments) Contains a conviction clause.**

Exact Number of Employees (Both full and part-time) \_\_\_\_\_ Exact Number of Owners/Officers \_\_\_\_\_

Are owners/officers to be covered?  Yes\*\*\*  No

\*\*In order to protect you and your employees against unjustified allegations of dishonesty the employee must be convicted before coverage will apply

\*\*\*Coverage of owners/officers is subject to underwriter approval.

Check here if this has been previously faxed to us.

**Your CNA Surety Agent is:**

\_\_\_\_\_

Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Agent's Code \_\_\_\_\_

Date \_\_\_\_\_ The effective date of the bond will be the date the bond is issued

*Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.*