



# 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: Including the following information will help speed the underwriting and approval process:**

- Required Bond Forms

## **Step 3: Submit your Janitorial Services Bond application and supporting documents 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



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



**JANITORIAL SERVICES BOND APPLICATION**

Applicant \_\_\_\_\_

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

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

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

Mailing Address \_\_\_\_\_

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

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

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.

Exact Number of Owners \_\_\_\_\_ Are owners to be covered?  Yes  No

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

Amount of coverage requested: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	<input type="checkbox"/> 1-Year Bond
Subject to \$100 deductible. <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000	<input type="checkbox"/> 3-Year Bond (reduced rate of 2.85 x annual premium)

**\*Contains a criminal conviction clause.**

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

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.**