



Tallman Insurance

APPLICATION FOR DISHONESTY BOND TO BE COMPLETED BY BONDED INDIVIDUAL

- 1. a) Name of Post Post # b) Post Address
2. a) Name of Person to be Bonded b) Residence Address c) Social Security #
3. Position to be Bonded Bond Amount \$
4. Largest amount of cash or check at one time? \$ . Amount Monthly? \$
5. How frequently will such cash or checks be audited or reconciled?
6. Are you authorized to sign checks? . If yes, will check be countersigned?
7. Is the audit done by an independent CPA or Public Accountant?
8. a) Have you ever been discharged from any position b) If yes, please explain
9. a) Have you ever been bankrupt or insolvent? b) If yes, please give details in a separate confidential letter to the Insurance Company.
10. a) Have you ever been refused a bond? b) When c) What Company
11. a) Have you ever been convicted of a felony or misdemeanor? (Other than Traffic Violations) b) If yes, explain

The foregoing answers, statements and representations are made with the intent to induce The Travelers Insurance Company to execute the policy described herein and are true to the best of our/my knowledge and belief.

Signed this day of , . (day) (month) (year)

Signature: Person to be Bonded

Form # 4B