

# JASPER SURETY AGENCY, LLC

310 Old Country Road, Suite 202, Garden City, NY 11530

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## 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please give us all the details in a letter.	
Exact Number of Owners _____	Are owners to be covered? <input type="checkbox"/> Yes <input type="checkbox"/> 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)
<b>*Contains a criminal conviction clause.</b>	

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

***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.***

Date
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The effective date of the bond will be the date the bond is issued.