RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: 309-692-1000 Fax: 309-692-8637

Fidelity Blanket Bond Application

APPLICANT INFORMATION	Applicant (For Partnership, give full names of partners and trade name)	☐ Individual ☐ LLC ☐ Partnership ☐ LLP ☐ Corporation
Business Address	City	State Zip
Describe the Products of Services of Your Business or Activity		Date Business was Established

BOND INFORMATION	Type of Bond ☐ COMMERCIAL BLANKET - Covers all employees for a stated amount ☐ BLANKET POSITION - Covers each employee for a stated amount		
Amount of Bond $	Effective Date	Premium Payments	☐ Three Years in Advance ☐ Annually

UNDERWRITING INFORMATION	Is countersignature of checks required? ☐ Yes ☐ No By Whom? If "No" explain.
Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? ☐ Yes ☐ No How Often?	Are securities subject to joint control of two or more responsible employees? ☐ Yes ☐ No
Is there an audit by a CPA, public accountant or equivalent, independent of your organization? ☐ Yes ☐ No How Often?	By whom was audit made? (Name & Address) ☐ CPA ☐ Independent Accountant
Date of completion of last audit: Were any discrepancies or loose practices commented upon in this audit? ☐ Yes ☐ No If "yes" submit copy of audit.	Has similar insurance been declined or cancelled during the past three years? ☐ Yes ☐ No If "yes" explain.
What losses have you sustained within the past five years?	What class of employee or position caused such loss?
What has been done to prevent recurrence of such loss?	
Are the number of employees likely to be increased substantially during the term of this bond? ☐ Yes ☐ No	Do you contemplate an expansion of your business soon? ☐ Yes ☐ No
Are there any branches, affiliates or subsidiary companies? ☐ Yes ☐ No (If so, list them.)	Do answers apply to these branches, affiliates and subsidiary companies? ☐ Yes ☐ No
Has there been any change in ownership or management within the past three years?	☐ Yes ☐ No If "yes" explain.

CLASSIFICATION OF ALL EMPLOYEES BY POSITION

List all officers and employees who handle, have custody or maintain records of money, securities or other property. If specific excess coverage is desired on any position, please indicate so. Use separate sheet for list if necessary.

JOB CLASSIFICATION	NUMBER OF EMPLOYEES IN THAT POSITION	JOB CLASSIFICATION	NUMBER OF EMPLOYEES IN THAT POSITION
SUB TOTAL		**TOTAL**	

TOTAL NUMBER OF OTHER EMPLOYEES: _____

The undersigned agrees the above representations are an accurate statement of current information and procedures.

Signed this _____ day of _____, _____.

X_____ _____
Signature of Officer or Employer Official Title

AGENT/BROKER INFORMATION	Agent/Broker Name	Code	Phone No.	Fax No.	City	State	Zip
	Darren Sucato (Sucato Insurance)	52338	(602) 956-3336	(602) 956-5956	Phoenix	AZ	85018

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

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