



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)						<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> 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 <input type="checkbox"/> COMMERCIAL BLANKET - Covers all employees for a stated amount <input type="checkbox"/> BLANKET POSITION - Covers each employee for a stated amount							
Amount of Bond \$		Effective Date		Premium Payments		<input type="checkbox"/> Three Years in Advance <input type="checkbox"/> Annually		
UNDERWRITING INFORMATION	Is countersignature of checks required? <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom? If "No" explain.							
Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? <input type="checkbox"/> Yes <input type="checkbox"/> No How Often?				Are securities subject to joint control of two or more responsible employees? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there an audit by a CPA, public accountant or equivalent, independent of your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No How Often?				By whom was audit made? (Name & Address) <input type="checkbox"/> CPA <input type="checkbox"/> Independent Accountant				
Date of completion of last audit:			Has similar insurance been declined or cancelled during the past three years?					
Were any discrepancies or loose practices commented upon in this audit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" submit copy of audit.			<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you contemplate an expansion of your business soon? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are there any branches, affiliates or subsidiary companies? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, list them.)				Do answers apply to these branches, affiliates and subsidiary companies? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has there been any change in ownership or management within the past three years?				<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____, _____.								
<input checked="" type="checkbox"/> Signature of Officer or Employer				_____ Official Title				
AGENT/BROKER INFORMATION	Agent/Broker Name	Code	Phone No.	Fax No.	City	State	Zip	