



HCC

HCC Surety Group
601 S. Figueroa Street Suite 1600, Los Angeles, California 90017

JANITORIAL/BUSINESS SERVICES BOND APPLICATION

AGENT USE ONLY
BOND NUMBER

Form with fields: CAREGIVER NAME, PHONE, STREET ADDRESS, MAILING ADDRESS, FAX, CITY, STATE, ZIP, NUMBER OF EMPLOYEES, TYPE OF BUSINESS, COVERAGE REQUESTED, TERM OF BOND, HAVE YOU HAD ANY EMPLOYEE DISHONESTY LOSSES...

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.

The undersigned certify above is true and correct. The applicant hereby warrants that, to the best of his/her/its knowledge, no facts currently exist which could reasonably give rise to a claim against this policy.

Regardless of the date of signature, this indemnity is effective as of the date of execution and renewal of the aforementioned bond(s) and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein and in the bond(s).

Applicant's Printed Name, Applicant's Signature, Residence Address, City, State, Zip, Phone, Social Security No., Driver's License No., Date of Birth

Applicant's Printed Name, Applicant's Signature, Residence Address, City, State, Zip, Phone, Social Security No., Driver's License No., Date of Birth (crossed out)

RATES

Table with columns: Bond Amount, One Year, Employees Over 5. Rows include rates for bond amounts from \$2,500 to \$100,000.

*Coverage amounts are subject to \$100. deductible
*Three year premium = 2.25 x annual rate
*First year's premium is fully earned upon issuance

Example of premium calculation:
\$7,500 bond amount, 8 employees, one year term
One year (\$7,500) \$100.00
3 employees (\$3.00 ea.) 9.00
Annual premium \$109.00

Agent Name: Phone: Fax:
Address: City: State: Zip: HCCS Prod. No.

RETURN COMPLETED APPLICATION TO YOUR HCCS BRANCH OFFICE PRIOR TO BOND EXECUTION

To reach the branch closest to you, CALL 800-787-3896