

JANITORIAL SERVICES BOND APPLICATION

| | | |
|--|----------------------|----------------------------------|
| Applicant _____ | | |
| Name of Business _____ | | |
| Business Address (include any branch location addresses) _____ | | |
| <small>City</small> | <small>State</small> | <small>Street and Number</small> |
| Mailing Address _____ | | |
| <small>City</small> | <small>State</small> | <small>Zip</small> |
| 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 Subject to \$100 deductible. <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 *Contains a criminal conviction clause. | <input type="checkbox"/> 1-Year Bond <input type="checkbox"/> 3-Year Bond <small>(reduced rate of 2.85 x annual premium)</small> |
|--|--|

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

Check here if this has been previously faxed to us.

| Your CNA Surety Agent is: | |
|-------------------------------------|----------------------|
| SANGUINETTI & CO. | |
| Address 7337 PACIFIC AVENUE | |
| STOCKTON | CA |
| <small>City</small> | <small>State</small> |
| 95207 | 0 |
| <small>Zip</small> | <small>Zip</small> |
| Agent's Code 0 4 - 0 7 1 1 0 | |

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

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.

Credit Card Authorization Form

Full Name as listed on Credit Card: _____

Credit Card Number: _____

Credit Card: Visa Mastercard Discover (American Express not accepted)

CVS Security Code: _____

Expiration Date: _____

Credit Card Billing Address: _____
(street address)

(city, state, zip)

Your Phone Number: _____

Is your name on the bond? If not, what is the name is listed on the bond?

Full amount of payment: \$ _____

Scan and email to bonds@sanguinettico.com,
or fax to (209) 954-0800 or (877) 577-1722

Rick Mena

Sanguinetti & Co. Insurance
Customer Service Sales Agent

Email: rmena@sanguinettico.com

Website: www.needabond.com

Facebook: www.facebook.com/sanguinetti.marktwain