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JANITORIAL BOND EMPLOYMENT DISHONESTY APPLICATION

BOND INFORMATION	Company Name (must be exactly as it is to appear on bond)		
Phone ()	Address		
City		State	Zip Code
Number of Employees	How long in business?	Bond Amount \$	Effective Date
PERSONAL INFORMATION	Owner's Name		Social Security Number
Address			
City		State	Zip Code

Any person who knowingly and with intent to defraud any insurance company or person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime under applicable law. The applicants and indemnitors certify the truth of all statements in the application and authorize the Company to verify this information and to obtain additional information from any source including obtaining a credit report.