

Form 40 PUBLIC OFFICIAL AND EMPLOYEE'S BLANKET BOND APPLICATION

Complete Name of Obligee						Classify Obligee State, county, city, town,			
								or other political s	
Physical Address				Mailing A	ddress (if dif	ferent than Physical A	ddress)		
(Street & Number)	(City)	(State)	(Zip)	(Street	t & Number)		(City)	(State)	(Zip)
BOND INFORMATION									
Amount of Bond \$	Effective date					Premium payable: prepaid 1 yr, 2 yrs, 3 yrs, 4 yrs			
TOTAL NUMBER OF EMP	LOYEES	,							
TYPE OF COVERAGE Insuring Agreement 1 Honesty Blanket Bond Coverage — Covers all public employees for a stated amount. Insuring Agreement 2 Honesty Blanket Position Bond Coverage — Covers each public employee for a stated amount. Insuring Agreement 3 Faithful Performance Blanket Bond Coverage — Covers all public employees for a stated amount. Insuring Agreement 4 Faithful Performance Blanket Position Bond Coverage — Covers each public employee for a stated amount.									
Give specifics on any additional indemnity desired under any Insuring Agreement on any position.								Amount of	
Position							E	cess Coverag (if any)	e
AUDITS									
How often will a complete audit be made?					dit made? P	ublic Official Employee	Were found	any discrepai	ncies No
What losses have you sustained within the past five years?					What class of employee or official caused such loss?				
What has been done to prevent recurrence of such loss?					Are the number of employees or officials likely to be increased substantially during the term of this bond? Yes No				
Agency				Date					
Address (Street)				Name of Obligee					
(City) (State) (Zip)				By Signature and Title					
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