You should be able to trust your employees.

But the fact is, according to the U.S. Chamber of Commerce, three-fourths of all employees admitted stealing from employers at least once, and half of these steal again and again. This problem is so widespread the Chamber estimates the annual cost of employee theft at \$50 billion.

You can't predict which employees will be dishonest:

- The bookkeeper of a gas station embezzled thousands of dollars over several months. The station owner was unaware of the embezzlement until returning from vacation and finding the bookkeeper gone.
- An employee of a home supply business stole money and merchandise, and falsified refund slips during two years of employment with the company.
- We bonded the Treasurer and President positions of an elementary school's PTA. Checks required two signatures. The Treasurer forged the signature of the second person and issued checks to herself for cash. The businesses in these examples were protected by our Dishonesty Bond and their losses were covered by the surety, up to the coverage limits purchased. Coverage under the Dishonesty B Bond is subject to the conviction of the defaulting employee.

Or know the potential damage they can do to your business.

An employee theft can deliver a striking blow to your business. Small companies can be especially hard hit by theft and embezzlement, because they can't afford extensive safeguards and aren't large enough to absorb the losses.

The Employee Dishonesty Bond offers solid protection you can trust:

- Protect your business and your customers from loss incurred by dishonest acts of your employees
- Cover yourself against acts by all company employees, part- and full-time
- Protect your group or organization against acts by officers or employees



LANCE SURETY BOND ASSOCIATES, INC.

Toll-Free: (877) 514-5146 Fax: (267) 362-4817

Email: applications@suretybonds.org

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Dishonesty Bond Application:

Applicant Name of Business Business Address (attach a list including any branch location address): Number and Street City State **Mailing Address:** Number and Street City State Applicant's Phone Number **Applicants Email** Type of Business **Purpose and Function** Have you sustained any employee dishonesty losses in the last six years? Yes No If so, please give us all the details in a letter. Amount of coverage requested: \$5,000 \$10,000 \$25,000 \$50,000 \$100,000

Classification of Business* (Choose A or B)

architects, (Officers ar corporation and compe	physicians, dentists, insurance agents and attorneys. re not covered under this bond, unless the insured is a n and the officers are in the regular service of the insured nsated by salary, wages, etc.). Non-profit groups and anizations covering officers only (provide a list of officers).
ū	cact Number of Employees (both full and part-time)
Ex	act Number of Officers
Are Officers	s to be Covered? ***No
For Dishor	nesty A. Limits \$50,000 and over, please complete the following
Will counte	rsignature of checks be required?YesNo
By Whom?	
How often	will a complete audit be made?
When was	last audit made?
By whom w	vas audit Made?
Certific	ed Public AccountantIndependent Accountant
Emplo	yee of Insured
	ccounts reconciled by someone not authorized to deposit or withdra YesNo
How Often	?
retail stores (except tho groups and	sinesses with more exposure such as cafes, gas stations, s, businesses with salespeople, and courier services se handling cash and negotiable instruments). Non-profit I service organizations which seek coverage on employees s (provide a list of officers). Contains a conviction clause.
Ex	act Number of Employees (both full and part-time)
Ex	act Number of Officer/Owners
Are Owners	s/Officers to be covered?Yes***No
	* A or B coverage subject to underwriter discretion.

^{*} A or B coverage subject to underwriter discretion.
** In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage may apply.

^{***} Coverage of officers is subject to underwriter approval