

JANITORIAL SERVICES BOND APPLICATION

Applicant			
Business Address (include any branch location addresses) City State Zip Mailing Address City Applicant's Phone Number Have you sustained any employee dishonesty losses in the last 6 years? Yes No If so, please give us all the details in a letter. Exact Number of Owners Are owners to be covered? Yes No Exact Number of Employees (Both full and part-time) Amount of coverage requested: \$2,500 \$5,000 \$10,000 \$10,000 Subject to \$100 deductible. \$25,000 \$50,000 \$100,000 \$3-Year Bond (reduced rate of 2,85 x annual premium) *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: DM Barnhart / Levijoki Insurance Agency 6012 Lindow Board Suits 49	Applicant		
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Statement is guilty of insurance fraud.	DM Barnhart / Levijoki Insurance Agency		
Address 6012 Linden Road, Suite 18		statement is guilty of insurance fraud.	
Street	Addiess		
Swartz Creek MI 48473			
City State Zip	0 1 1 0 7 0 1		
Agent's Code ————————————————————————————————————	Agent's Code	CNA Financial Corporation. No part of this material, including the	
CNA Surety logo, may be reproduced without written permission from CNA Surety Corporation. The effective date of the bond will be the date the	Date The effective date of the hond will be the date the		

CNA SURETY

P.O. Box 5077 Sioux Falls, South Dakota 57117-5077 1-800-331-6053 FAX 1-605-335-0357 www.cnasurety.com

bond is issued.