

Northeast Agencies National Bond Program (31-21688) An Allstate Commercial Expanded Market Program Form 40

PUBLIC OFFICIAL AND EMPLOYEE'S BLANKET BOND APPLICATION

| [| | | | | 0 | | |
|---|--------------|---------------|----------|---|-------------------------------|---|--|
| Complete Name of Obligee | | | | | Classify Obligee | State, county, city, town, | |
| | | | | | | village, or other political subdivision | |
| Physical Address | | | | Mailing Address (if | different than Physical A | ddress) | |
| (Street & Number) | (City) | (State) | (Zip) | (Street & 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 Honest | | | | | | | |
| 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 | | | | | | | |
| 0: " | 1.00 | 2 1 2 1 1 | | | 141 | | |
| Give specifics on any additional indemnity desired under any Insuring Agreement on any position. | | | | | | Amount of Excess Coverage | |
| Position | | | | | | (if any) | |
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| AUDITS | | | | | | | |
| How often will a complete audit | When was las | t audit made? | - | m was audit made? | | Were any discrepancies | |
| be made? | | | Certifie | d Public Accountant | | found? Yes No | |
| What losses have you sustained within the past five years? | | | | What class of caused such | of employee or official loss? | I | |
| 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 | | | | Name of Oli | | | |
| Address | | | | Name of Obligee | | | |
| (Street) | | | | Ву | | | |
| (City) | (State) | (Zip) | | | Signature a | nd Title | |
| | . , | | | | <u>-</u> | | |

Agent's Code