



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

Association of Locksmiths of America

DISHONESTY BOND APPLICATION

Offered through Allstate Agents by Northeast Agencies for
Members of the **ALOA**

Applicant _____		
Name of Business _____		
Business Address (include any branch location addresses) _____		
		Street and Number
_____	City	State
Mailing Address _____		
_____	City	State
Applicant's Phone Number _____		
Have you sustained any employee dishonesty losses in the last 6 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please give us all the details in a letter.		
Amount of coverage requested: <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000		
ALOA members that wish to do business with NASTF must have \$100,000 of coverage.		
Are you an ALOA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No ALOA Member #: _____		
<input type="checkbox"/> 1-Year Bond <input type="checkbox"/> 3-Year Bond (reduced rate of 2.85 x annual premium)		
Exact Number of Employees (Both full and part-time) _____		Exact Number of Owners/Officers _____
		Are owners/officers to be covered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<small>In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply.</small>		

Applicant is a bona fide member of the Association of Locksmiths of America as affirmed by an Allstate agent.

Allstate Agent Information		
Name _____		
Address _____		
		Street
_____	City	State
Phone Number _____		
Agent's Code _____		

Check here if this has been previously faxed to us.

Date

The effective date of the bond will be the date the bond is issued.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Phone: 1-800-655-3551 • Fax: 1-605-335-0357
http://CEM.cnasurety.com • Email: uwservices@cnasurety.com

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