



Employee / Volunteer Dishonesty Bond

(For all states except TX)

Program Description

An Employee / Volunteer Dishonesty Bond protects the organization from financial loss due to the fraudulent activities (i.e. embezzlement of money) by an employee or volunteer of the insured organization. Coverage is limited to positions you specify to cover under the bond such as President, Vice-President, Treasurer, Office Manager, or Executive Director. Generally speaking, any position that has access to bank accounts, authority to write checks, or use company credit/debit cards should be listed on the bond. The Dishonesty Bond can be procured with either a 25K, 50K, or 100K limit of liability. The limit of liability applies per covered position on the bond.

Application

Complete Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____ Email: _____

Has the organization sustained a dishonesty loss within the past 6 years? Yes No

Do you require countersignature of checks over \$1,000? Yes No

Are bank accounts reconciled by someone not authorized to deposit or withdraw from them? Yes No

Please list the positions you would like covered under the bond:

Number of Covered Positions	Amount of Coverage		
	\$25,000	\$50,000	\$100,000
5 or less	\$187	\$257	\$359
6	\$203	\$278	\$384
7	\$218	\$298	\$409
8	\$234	\$318	\$433
9	\$249	\$338	\$458

*Contact our office for additional covered positions

Premium due from above chart: \$ _____

Payment Options: See Page 2



Employee / Volunteer Dishonesty Bond Premium Payment Options

Option 1 – Check

Please mail the original check to: Pullen Insurance Services, Inc.
2560 River Park Plaza, Suite 300
Ft. Worth, TX 76116

Option 2 – ACH Payment

ACH Payment allows Pullen Insurance Services to electronically debit your bank account for the premium. There is no additional cost to you to use this option.

I (we) hereby authorize Pullen Insurance Services, Inc to initiate entries to my (our) checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Pullen Insurance Services, Inc is notified by me (us) in writing to cancel the authorization.

Name of Sports Organization: _____

Name of Person Authorizing ACH Payment: _____

Phone Number of Authorizing Person: _____

Name of Financial Institution: _____

Type of Account: Checking Savings Account is: Business Personal

Name on Account: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

Amount of Payment: \$ _____

Option 3 – Credit / Debit Card (3% Convenience Fee Applies)

I authorize Pullen Insurance Services, Inc. to charge the purchase of insurance to the below card and I confirm I am an authorized user of the card. A 3% convenience fee applies to all credit/debit card transactions.

Name of Sports Organization: _____

Cardholder Name: _____

Phone Number: _____ Email: _____

Type of Card: Visa MasterCard Amex Discover

Card Number: _____ Expiration Date: _____

CVV2 Security Code: _____ (Visa, MC, Discover-Last 3 digits on back of card)
(Amex- 4 digits in small print on front of card)

Amount of Premium: \$ _____

+ 3% Convenience Fee: \$ _____

= Total Charge: \$ _____