ALL STATE BONDS

APPLICATION FOR A PUBLIC EMPLOYEE'S BLANKET BOND (TEXAS AND LOUISIANA)

Your credit card will not be charged until policy is issued.

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CNA SURETY

(TEXAS AND LOUISIAN	<u> </u>					www.alistatesurety.com	
Complete Name of Obligee			Classify Oblige				
					State	Count Cit Villag	
					Tow.	Other Political Subdivision	
Physical Address				Mailing Address (if different	ent than Physical Add	dress)	
(Street & Number)	(City)	(State)	(Zip)	(Street & Number)		(City) (State) (Zip)	
Coverage I						Limit of Insurance	
-	· -		_	e		\$	
-	· · ·		yee Co	verage		Ψ	
Effective Date:		Premium Payable: Prepaid:			· □	4.000	
				Annual 2 year 3 year		4 year 🔲	
AUDITS							
·		When was last audit made?		By whom was audit made?		Was any discrepancies found?	
audit be made?				Public Official Employee Certified Public Accountant		Yes No	
<u> </u>				Contined I abile / toocantai			
RATING DATA FOR COVE		O and P					
(a) Classification of Employe		the positions and r	numhei	of officials/officers and er	nnlovees occupyir	ng those positions to which the	
coverage applies.	separate sneet)	the positions and t	idiribei	or omelais/omeers and er	прюўсез оссаруп	ig those positions to which the	
No. of Po	No. of		Position	No. of Occupants	Position		
Occupants		Occupants		Occupants			
NOTE D							
NOTE: Persons required by law to be individually bonded and treasurers or tax collectors by whatever title known are automatically excluded from coverage under Coverage Forms O and P. (2) From the list above (or attach separate sheet) determine the:							
							* *
employees	alo, omocio, not i	squired by law to be	o mare	dudiny bondod, who die dd	monzou to manag	se, govern or control the incured o	
b. Number of employees who handle, have custody or maintain records of money, securities or other property, department and division heads, assistant department and division heads, and peace officers (including patrolmen when Faithful Performance of Duty Coverage is being written)							
							c. Number of all other employees (including patrolmen when written for Honesty Coverage only)
(b) Deductibles - If a deductible is desired, show amount							
COVERAGE ENDORSEMI		w amount				. — —	
(a) Is faithful performant		ne required?		Yes No			
	-	-	mnlot				
(b) If additional coverage for specified positions is desired complete the following:							
Position			То	tal Number of Employees I	n Each Position	Amount of Additional Coverage	
PAYMENT METHOD:				Date			
Check (Make Check Payable to All State Bonds)							
Check (wake Check Payable to All State Bolids) Money Order				Name of Obligee			
Money Order Credit Card				Ву	Table Tabl		
Name on Card:				Signature			
Credit Card No.:					Title		
		Amount \$				Pondo Undonwittos Pr	
		T				Bonds Underwritten By	