



**Fidelity and Deposit Company of Maryland
Colonial American Casualty and Surety Company**

Home Offices
P.O. Box 1227
Baltimore, Md. 21203

Bond No. _____

This form must be completed for each new bond and at each premium anniversary

**APPLICATION – QUESTIONNAIRE FOR LABOR ORGANIZATION BOND –
NAME SCHEDULE FORM, POSITION SCHEDULE FORM OR CONSOLIDATED FORM**

Application is hereby made by _____
(Exact Name of Applicant)

of _____ (hereinafter called the Applicant)
(Street) (City) (State) (Zip Code)

for a Labor Organization Bond – Name Schedule Form ; Position Schedule Form ; Consolidated Form ; to become effective or to be continued as of noon on _____
(Month, Day, Year)

Applicant is a National or International Union ; a Trust in which a Labor Organization is interested ; a subordinate unit of a National or International Union and if so, specify whether Regional ; District ; State ; Local Council ; or Local Union . Is it desired that subordinate bodies or units of the applicant be included in the bond applied for? Yes ; No .

Number of Locals _____; number and description of units other than Locals:

Attach a copy of the Constitution and By-laws or Trust or Plan Agreement.

Premium Payable: Annually Three Years, Advance Three Years, Installments

1. For Name Schedule Form attach list showing the name, position, location and amount of indemnity for each Employee to be bonded.
2. For Position Schedule Form attach list showing the title and location of each Position to be bonded, the total number of Employees in each Position and the amount of indemnity for each Employee.
3. For Consolidated Form complete the following:
 - (a) Amount of Indemnity under Schedule A \$ _____

Schedule A provides coverage on Employees defined as follows:

Any officer of the Insured whether elected or appointed, and any natural person while acting for or on behalf of the Insured as dues collector, shop steward or shop chairman, whether or not any such officer or person is compensated by the Insured and any natural person (except a director or trustee of the Insured, if a corporation, who is not also an officer or employee thereof in some other capacity) while in the regular service of the Insured in the ordinary course of the Insured's business and whom the Insured compensates by salary, wages or commissions and has the right to govern and direct in the performance of such service, but does not mean any broker, factor, commission merchant, consignee, contractor or other agent or representative of the same general character. A director or trustee of the Insured who is not also an officer or employee thereof in some other capacity shall be deemed to be an Employee, as defined herein, when performing acts coming within the scope of the usual duties of an Employee or while acting as a member of any Committee duly elected or appointed by resolution of the board of directors or trustees of the Insured to perform specific, as distinguished from general, directorial acts on behalf of the Insured;

(b) Under Schedule B:

If Excess Indemnity is desired on positions occupied by natural persons covered under Schedule A, complete the following:

Position(s)	Name(s) and Location	Total Number of Employees In Each Position	Amount of Excess Indemnity On Each Employee
(Use separate schedules, if necessary)			

(c) Under Schedule C:

If coverage is desired on any natural person who, or partnership or corporation which, is an independent contractor and is duly appointed by the Applicant to act as its agent in any designated capacity, complete the following:

Capacity	Name and Location	Amount of Indemnity
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(Use separate schedules, if necessary)

4. Internal Controls

- (a) Is there an annual audit by an independent CPA, public accountant or staff auditor? Yes No
 If "yes", is it a complete audit made in accordance with generally accepted auditing standards and so certified? Yes No
 If "not", describe in a separate sheet the scope of the examination.
- (b) Are all subordinate units audited? Yes No
- (c) Are Bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? Yes No
 If "Yes", How often? _____ If "No", by whom reconciled? _____ How often? _____
- (d) Is countersignature of checks required? Yes No If "No", describe in a separate sheet the procedure followed to prevent unauthorized issuance of checks.
- (e) Are securities subject to joint control by two or more responsible employees? Yes No
- (f) Is endorsement of checks limited to endorsement for deposit to the credit of the Applicant only? Yes No
 If "No", explain in a separate sheet why this requirement cannot be made.
- (g) Is the bank account in which all deposits are made in the name of the Applicant? Yes No

5. Dishonesty Losses (past 6 years) – Check if none

Date	Amount	Employee's Position	Corrective Measures Taken (Other Than Discharge)

6. Prior Fidelity Coverage to be superseded – Check if none

Form of Bond or Policy	Effective Date	Amount	Name of Insurer

7. Has any Employee Dishonesty Insurance carried by the Applicant been declined or canceled within the last six years by any Insurer? (not applicable in the state of Missouri) Yes No If "Yes", explain:

8. Will the Applicant arrange to have new Employees complete personal applications supplied by the Underwriter? Yes No

UNDERWRITING DATA FOR CONSOLIDATED FORM – SCHEDULE A

Schedule A provides coverage on Employees as defined under item 3(a) of this Application – Questionnaire.

Classification of Employees by Position

This constitutes the Applicant’s entire personnel as of the date of this Application – Questionnaire.

CLASS A EMPLOYEES

Those who, as a part of their regular duties, handle or have custody of funds or other property of the Applicant, including in any event all occupants of positions listed below.

Officials	Number of Occupants		Number of Occupants	Administration	Number of Occupants
Chairman.....	Organizer .....	.....	Office Manager .....	.....
Director	Dues Collector .....	.....	Assistant Office Manager .....	.....
Trustee	Shop Steward.....	.....	Auditor .....	.....
President	Shop Chairman .....	.....	Assistant Auditor.....	.....
Vice-President.....	Business Agent .....	.....	Cashier .....	.....
Treasurer	Bookkeeper .....	.....
Assistant Treasurer	Messenger (Outside) .....	.....
Secretary	Watchman .....	.....
Assistant Secretary	Claim Adjuster .....	.....
Recording Secretary.....
Comptroller.....
Assistant Comptroller
Financial Secretary
Secretary-Treasurer.....
Assistant Secretary-Treasurer
				Total Class A	.....

CLASS B EMPLOYEES

Those who do not, as a part of their regular duties, handle or have custody of funds or other property of the Applicant, including in any event all occupants of positions listed below.

Position	Number of Occupants		Number of Occupants		Number of Occupants
Office Clerk	Telephone Operator .....	.....	.....	.....
Filing Clerk	Typist.....	.....	.....	.....
Mail Clerk	Janitor .....	.....	.....	.....
Stenographer	Porter .....	.....	.....	.....
Business Machine Operator
				Total Class B	.....

CLASS C EMPLOYEES

Wage-earners other than those classified as Class A and Class B Employees in accordance with the foregoing.

Total Class C _____

FRAUD NOTICES: Prior to signing this Proposal Form, please review the state statutory fraud notices as they may apply to the Company's domicile:

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading statement is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

OHIO: 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.

OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Dated at _____ this _____ day of _____, _____

(Insured)

By _____
(Name and Title)

(Agent)