

Janitorial Services Bond Application

Business Name:				
Contact Person:	Phone:		=ax:	
Business Address:	y branch location addresses	_ City:	State:	Zip:
Mailing Address:		_ City:	State:	Zip:
Company is: Individual:	Partnership: 0	Corporation:	_ Joint Venture:	Other:
Brief description of operation	S:			
1) Have you sustained any e below:				
2) Exact Number of Owners				
3) Exact Number of Employe	es (Both full- and part-tim	ie)*		
4) Are the owners to be cove	red? Yes No	_		
5) **Amount of coverage req	uested: \$2,500 \$	5,000\$10,00)\$25,000\$50	0,000\$100,000
6) Bond period:				
7) Requested Effective Date	:	3 Year Bond	– Texas Only (2.7 x a	annual premium)
	ASAP :			
ANY PERSON WHO, WITH I AN INSURER, SUBMITS AN IS GUITLY OF INSURANCE	APPLICATION OR FILES			
It is agreed that this form and applicant represents that the misstated.				
Signature	Print Name		Date	
* Includes all employees. employees. Rates are subject		-	based on the total nu	umber of all owners and

** Contains a Criminal Conviction Clause - In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply.

THE NATIONAL LEADER IN ENVIRONMENTAL COVERAGE SOLUTIONS

IN CALIFORNIA DBA BONDS AND INSURANCE SERVICES - LICENSE #0795489