

**Form 40-B
APPLICATION FOR A PUBLIC EMPLOYEE'S BLANKET BOND
(TEXAS AND LOUISIANA)**

For Office Use Only

Complete Name of Oblige	Classify Oblige State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/>
Address (Street and Number) (City) (State) (Zip)	

Coverage Forms		Limit of Insurance
Coverage Form O - Public Employee Dishonesty - Per Loss Coverage		\$
Coverage Form P - Public Employee Dishonesty - Per Employee Coverage		\$

Effective Date:	Premium Payable: Prepaid: Annual <input type="checkbox"/> 2 year <input type="checkbox"/> 3 year <input type="checkbox"/> 4 year <input type="checkbox"/> Equal Annual Installments: 2 year <input type="checkbox"/> 3 year <input type="checkbox"/> 4 year <input type="checkbox"/>
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AUDITS

How often will a complete audit be made?	When was last audit made?	By whom was audit made? Public Official <input type="checkbox"/> Employee <input type="checkbox"/> Certified Public Accountant <input type="checkbox"/>	Was any discrepancies found? Yes <input type="checkbox"/> No <input type="checkbox"/>
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RATING DATA FOR COVERAGE FORMS O and P

- (a) Classification of Employees
- (1) List below (or attach separate sheet) the positions and number of officials/officers and employees occupying those positions to which the coverage applies.

No. of Occupants	Position	No. of Occupants	Position	No. of Occupants	Position

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:
- Number of officials/officers, not required by law to be individually bonded, who are authorized to manage, govern or control the insured's employees
 - 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)
 - Number of all other employees (including patrolmen when written for Honesty Coverage only) **Amount**
- (b) Deductibles - If a deductible is desired, show amount

COVERAGE ENDORSEMENTS

- (a) Is faithful performance of duty coverage required? Yes No
- (b) If additional coverage for specified positions is desired complete the following:

Position	Total Number of Employees In Each Position	Amount of Additional Coverage

Agent James Stafford Insurance Agency	Date
Address 1562 NW Access Rd. (Street) Mount Vernon TX 75457 (City) (State) (Zip)	Name of Oblige
Agent's Code <u>4 2 - 2 2 7 6 9</u>	By _____ Signature Title