AGENT USE ONLY
BOND NUMBER

HCC SURETY GROUP

ARIZONA BUSINESS / JANITORIAL SERVICES APPLICATION

A — BOND INFORMATION

TYPE OF BUSINESS	NUMBER OF EMPLOYEES	BOND AMOUNT REQUESTED
☐ Business Services ☐ Janitorial Service		☐ $2,500 ☐ $10,000
TYPE OF SERVICE	REQUESTED EFFECTIVE DATE	☐ $5,000 ☐ $25,000
		☐ Other $

B — BUSINESS INFORMATION

NAME OF BUSINESS	BUSINESS PHONE
STREET ADDRESS	BUSINESS FAX
CITY/ STATE/ ZIP	EMAIL ADDRESS

C — ADDITIONAL INFORMATION

Have you had any employee dishonesty losses in the past five years? ☐ YES ☐ NO

If yes, please explain (attach separate sheet if needed)

Undersigned are required to sign individually.

The undersigned certify the above information is true and correct. The applicant hereby warrants that, to the best of his/her/its knowledge, no facts currently exist which could reasonably give rise to a claim against this policy.

Signed, sworn to and dated this day of _____ , .

X _____
AUTHORIZED REPRESENTATIVE AND INVIDUALLY

PRINT NAME

EMAIL ADDRESS DATE OF BIRTH

DRIVERS LICENSE SOCIAL SECURITY NUMBER

HOME ADDRESS

CITY/ STATE/ ZIP

X _____
AUTHORIZED REPRESENTATIVE AND INVIDUALLY

PRINT NAME

EMAIL ADDRESS DATE OF BIRTH

DRIVERS LICENSE SOCIAL SECURITY NUMBER

HOME ADDRESS

CITY/ STATE/ ZIP

Bonds issued by American Contractors Indemnity Company

Rates

Bond Amount w/ 5 employees or less	*One Year*	*Three Years*
$2,500	$50.00	$63.00
$5,000	$50.00	$125.00
$10,000	$100.00	$250.00
$25,000	$250.00	$625.00

For each additional employee over 5, $3.50 for 1 year or $8.40 for 3 years.

Example of premium calculation for $10,000 bond amount, 8 employees for one year term

One year ($10,000)	$100.00
3 employees at $3.50	$10.50
Total Annual Premium	$110.50

Agent Name: _____ Phone: _____

Address: _____ Fax: _____

City,State, Zip _____ HCCS Prod No. _____

Visit us at hccsurety.com for more information