



THIRD PARTY LIABILITY SUPPLEMENTAL APPLICATION FOR COMMERCIAL FIDELITY BONDS

ALL QUESTIONS MUST BE ANSWERED IN CONJUNCTION WITH A 3-D BOND APPLICATION FORM
(for the purposes of this Supplemental Application, the term Client refers to customer(s) of the Applicant)

1. Application is made by: _____
2. Name and Address of Client requiring Third Party Liability, if contract specific coverage requested:

3. Brief description of products and/or services provided to Client(s): _____

4. Number of years of experience the Applicant has in this field: _____
5. How long has the applicant provided these products and/or services to Client(s)? _____
6. What additional screening does the Applicant conduct on employees to be placed within Client(s)' premises:

7. What is the expected number of employees to be placed within Clients premises? _____
8. Annual revenues (in dollars): _____ \$
9. Losses during past 5 years, **whether reimbursed or not**, from Employee Dishonesty, perpetrated either against the Applicant or Clients of the Applicant:
 Period from _____ to _____ **Check if None**

Description of Loss	Date Loss Discovered	Amount	Describe Corrective Measures Taken If Employee Dishonesty, State Position

10. Has Third Party Liability Employee Dishonesty insurance carried by the Applicant been declined or cancelled within the last six years by any Insurer? Yes No

If Yes, explain: _____

PLEASE NOTE:

This Third Party Liability Supplemental Application is attached to and forms part of the Comprehensive Dishonesty, Disappearance and Destruction Bond Application. It is subject to the same provisions concerning representations made in the basic Application.

Signature	Date
Name	Title