

# FIDELITY COVERAGE APPLICATION COVERAGE LIMITS FOR \$50,000 AND ABOVE



Complete Name & Address of Association (Please Print or Type)

---

---

## UNDERWRITING QUESTIONS – DISHONESTY

1. Are annual audits performed by an Independent CPA? ☐ Yes ☐ No  
If NO, is an annual audit performed by an audit committee comprised of individuals who do not sign checks or make deposits or withdrawals? ☐ Yes ☐ No

2. Are bank accounts reconciled at least monthly by someone not authorized to sign checks or make deposits or withdrawals? ☐ Yes ☐ No  
Enter name of individual or position performing monthly bank account reconciliation \_\_\_\_\_

3. Will countersignature of all checks be required? ☐ Yes ☐ No

If YES, at what limit is countersignature required? \_\_\_\_\_

Names of authorized check signers \_\_\_\_\_

If NO, describe account controls on a separate sheet of paper

Fidelity Losses (past 6 years) Provide: Dates, Amounts and Description of Losses – Check if None ☐

Date	Amount	Description of Loss
------	--------	---------------------

<div></div>		
-------------	--	--

Please list by position, officers, committee chairperson, or employee positions to be covered under this policy:

Volunteer Position

Paid Position

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

\*If more than one person occupies a position, please include the number of persons per position

To the best of the applicant's knowledge and belief, applicant has no information of any dishonest act committed by any officer, committee chairperson or employee either before or after becoming an officer, committee chairperson or employee of the applicant.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Applicant and agent acknowledge, by their respective signatures, the Fraud Warning contained herein.

Applicant Name

By: \_\_\_\_\_

Insurance Fraud Warning:

An application or an addendum to an application shall clearly contain a fraud warning substantially as follows: 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. This is suggested language. Any language that is substantially similar is acceptable if it does not contain specific fines or penalties.