



# BRYANT SURETY

**BONDS, INC.**

73 Old Dublin Pike, Suite 10 #306, Doylestown, PA 18901  
Phone: (866) 450-3412, Fax: (866) 450-3414

## BUSINESS SERVICES BOND APPLICATION

AGENCY \_\_\_\_\_ LOCATION \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET & NUMBER) (CITY) (STATE) (ZIP)

TYPE OF BUSINESS \_\_\_\_\_

AMOUNT OF COVERAGE: \_\_\_\_\_ \$5,000.00 \_\_\_\_\_ \$10,000.00 \_\_\_\_\_ \$25,000.00  
\_\_\_\_\_ \$50,000.00 \_\_\_\_\_ \$100,000.00 \_\_\_\_\_ Other

EFFECTIVE DATE \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_

### CONTACT INFORMATION:

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET & NUMBER) (CITY) (STATE) (ZIP)

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BOND COVERAGE APPLIES ONLY IF EMPLOYEE IS CONVICTED

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### COVERAGE PROVIDED FOR BUT NOT LIMITED TO:

JANITORIAL SERVICES PEST  
CONTROL  
MAID SERVICE  
HOME PHOTOGRAPHER

SECURITY GUARD  
CARPET CLEANING  
APPLIANCE REPAIR  
FOOD CATERING

INTERIOR DECORATOR  
LOCKSMITHS  
MESSENGER SERVICE  
OTHER CONTRACTORS

**THIS WARNING IS PART OF YOUR APPLICATION, READ IT CAREFULLY**

**GENERAL FRAUD AND STATE SPECIFIC FRAUD STATEMENTS**

The General Fraud Statement is applicable to all states except Colorado, District of Columbia, Florida, Hawaii, Kansas, Massachusetts, Minnesota, Nebraska, Ohio, Oklahoma, Oregon, Utah, Vermont and Washington. The State Specific Fraud Statements are also listed. Please read the Fraud Statement that is applicable for your State, and acknowledge receipt by signing below it (if required). Consult your agent if you have any questions about your application for the ERISA or Business Service Bond.

**GENERAL FRAUD STATEMENT**

(Applicable in all states except as listed below)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, UT, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.

**APPLICABLE IN COLORADO - FRAUD STATEMENT**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YY)

**APPLICABLE IN DISTRICT OF COLUMBIA - FRAUD STATEMENT**

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YY)

**APPLICABLE IN FLORIDA - FRAUD STATEMENT**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YY)

**APPLICABLE IN HAWAII - FRAUD STATEMENT**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YY)

**APPLICABLE IN KANSAS - FRAUD STATEMENT**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YY)

**APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT - FRAUD STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YY)

**APPLICABLE IN MINNESOTA - FRAUD STATEMENT**

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YY)

**APPLICABLE IN OHIO - FRAUD STATEMENT**

Any person who, with intent to defraud or knowing that he/she 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YY)

**APPLICABLE IN OKLAHOMA - FRAUD STATEMENT**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YY)

**APPLICABLE IN UTAH - FRAUD STATEMENT**

For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YY)

**APPLICABLE IN WASHINGTON - FRAUD STATEMENT**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YY)