

**BDH ASSOCIATES, INC.**  
4572 Lawrenceville Hwy., Suite 201  
Lilburn, GA 30047  
(770) 564-2999 or Toll Free (888) 328-0500  
Fax: (770) 564-9327

**BUSINESS SERVICES BOND REQUIREMENT  
WITH BOND AMOUNT OF \$25,000 AND UNDER**

**ANNUAL PREMIUM: VARIES DEPENDING ON INSURANCE  
COMPANY AND SIZE OF BOND**

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In order to apply for the above bond, please submit the following information:

Business Services Bond Application (Form Attached)

- a. Circle the amount of coverage desired from the rate chart
- b. If you are a sole proprietorship or partnership, please include your business name on the application
- c. Sign and date the application
- d. Enclose a check payable to BDH Associates, Inc. for the appropriate amount (if unsure about total premium, please contact Rena Moss or Carrie Hight for assistance)
- e. Mail the completed, signed application with payment to BDH Associates, Inc. at the address shown above.

Once we receive your application and check, we will forward the bond to you within 24 to 48 hours.

If you have any questions, please feel free to contact either Rena or Carrie.

**ALL BLANKS ON THE APPLICATION MUST BE COMPLETED TO AVOID A  
DELAY IN ISSUING YOUR BOND**



# APPLICATION FOR BUSINESS SERVICES BOND

***INCLUDING JANITORIAL, SECURITY GUARD, HOME HEALTH CARE SERVICES, AND TEMPORARY EMPLOYMENT AGENCIES***

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Name of Insured
Business Address
City State Zip
Business Phone: _____ Fax: _____
Email Address: _____
Is Business a <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship

### To Order a Bond

Check below the bond limits you want. Complete this application and give it to your agent.

Total Number Desiring Coverage:		Type of Business
Employees & Officers	Owners	

Have you sustained any employee dishonesty losses in the last 6 years?

- No  
 Yes – give date(s), amount(s), employee's name(s) and action(s) taken.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

X \_\_\_\_\_  
 Signature of Applicant Date  
 (Print Name & Title)

**Coverage is not effective until application is accepted by the company underwriter.**

\* In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted of the alleged dishonesty before coverage would apply (except in North Carolina only: The word "conviction/convicted" is replaced with "indictment/indicted").

Please send me a quote for an Old Republic Group's Business Services Bond. I am interested in the following limits of coverage:	
<input type="checkbox"/>	\$ 2,500
<input type="checkbox"/>	\$ 5,000
<input type="checkbox"/>	\$ 10,000
<input type="checkbox"/>	\$ 25,000
<input type="checkbox"/>	\$ 50,000
<input type="checkbox"/>	\$ 75,000
<input type="checkbox"/>	\$100,000
To be effective _____	

Agent Name and Address

**BDH Associates, Inc.** \_\_\_\_\_  
**4572 Lawrenceville Hwy, Suite 201** \_\_\_\_\_  
**Lilburn, GA 30047** \_\_\_\_\_  
**(770) 564-2999 Fax: (770) 564-9327** \_\_\_\_\_

**ARKANSAS:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**COLORADO:** "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 policyholder 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."

**DISTRICT OF COLUMBIA:** "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 including 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."

**FLORIDA:** "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."

**HAWAII:** "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."

**KENTUCKY:** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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."

**LOUISIANA:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

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

**NEW JERSEY:** "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

**NEW MEXICO:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

**NEW YORK:** "Any person who knowingly and with intent to defraud any insurance company or other 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

**OHIO:** "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."

**PENNSYLVANIA:** "Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties."

**RHODE ISLAND:** Insurer shall place on the application a warning which indicates the existence of a criminal penalty for failure to disclose a conviction for arson.

**TENNESSEE:** "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."

**VIRGINIA:** "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."

# BUSINESS SERVICES BOND

**SPECIAL  
EMPLOYEE  
DISHONESTY  
PROTECTION**

**FOR  
BUSINESS  
SERVICES  
PROFESSIONS**

**NOW --- INSTANTLY  
QUOTE THE COST OF  
A BUSINESS SERVICES  
BOND FOR ALL  
FOUR AVAILABLE LIMITS  
OF LIABILITY.**

**MORE THAN 25  
EMPLOYEES? CALL US!**

# OF EMP	\$2,500 ANN./3 YR.	\$5,000 ANN./3 YR.	\$10,000 ANN./3 YR.	\$25,000 ANN./3 YR.
1	\$100/\$159	\$100/\$195	\$100/\$271	\$183/\$495
2	"	"	"	"
3	"	"	"	"
4	"	"	"	"
5	"	"	"	"
6	100/170	100/209	107/289	196/529
7	100/183	100/226	116/312	211/571
8	100/194	100/239	122/330	224/605
9	100/208	100/256	131/353	239/647
10	100/221	101/272	139/376	255/689
11	100/232	106/289	146/395	264/722
12	100/243	111/299	153/413	280/756
13	100/257	117/316	162/436	295/798
14	100/270	123/332	170/459	311/840
15	104/281	128/345	177/477	323/873
16	109/294	134/362	185/500	339/915
17	114/307	140/379	194/523	355/957
18	118/319	145/392	201/542	367/991
19	123/332	151/408	209/565	383/1,033
20	127/343	156/422	216/583	395/1,066
21	132/356	162/438	224/606	411/1,108
22	137/370	169/455	233/629	426/1,150
23	141/381	173/468	240/647	439/1,184
24	146/394	180/485	248/670	454/1,226
25	150/405	185/498	255/687	467/1,260

**OWNER, PARTNER OR OFFICER ARE INCLUDED AT NO ADDITIONAL COST,  
OTHER THAN THE TOTAL NUMBER OF EMPLOYEES TO BE COVERED**