

FOP FIDELITY BONDING



About the Fidelity Insurance Program

Article 19 of the FOP Constitution and Bylaws requires each state and local lodge to maintain employee dishonesty coverage to protect lodge funds from dishonest acts by lodge members.

This program fulfills this requirement and offers the following coverage features:

- 3 Year Prepaid Policy (Kentucky lodges must add a 1.5% surcharge to premium)
- Optional Limits and Deductibles (See Attached)
- Broadest definition of covered Employees and Financial Loss.
- Automatic Renewal – No new application required for loss free lodges.

Underwritten By

Hartford Fire Insurance Company–Rated A+ by A.M. Best Company

Coverage

Blanket Employee Dishonesty Coverage– Insures for loss of money, securities and other property caused by fraudulent or dishonest acts of any employee against the FOP Lodge.

Definition of Employee includes all officers, directors, volunteers and committee chairpersons whether compensated or not.

Availability

Available to F.O.P. lodges in all states, except Hawaii.

How to Enroll

Mail completed application along with premium payment to:

Hylant Group
FOP Fidelity Bonding
P.O. Box 1687
Toledo, OH 43603-1687
Phone: 1-800-341-6038
Fax: 1-419-255-7557
Website: www.foplegal.com

Effective Date of Coverage

1. Coverage will be effective upon receipt and review of a completed application and payment.
2. Policies will be mailed from The Hartford within 15 days of your coverage effective date.

The Company reserves the right to decline coverage after review of the application.

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Fidelity Bonding Application

Name: _____ Address: _____

FOP Lodge Name: _____

FOP Lodge Number: _____ City: _____

Phone Number: _____ State: _____

Fax Number: _____ Zip Code: _____

Cell Number: _____ Email: _____

1. Are at least two signatures required on checks? _____ Yes _____ No
2. Do employees who reconcile monthly bank statements also sign checks? _____ Yes _____ No
3. Do employees who reconcile monthly bank statements handle bank deposits? _____ Yes _____ No
4. Do employees who reconcile monthly bank statements have access to check signing machines or signature plates? _____ Yes _____ No
5. Is an Independent Certified Public Accountant involved in the applicant's financial reporting? _____ Yes _____ No
6. Has any similar Fidelity insurance been declined or cancelled during the past three years? _____ Yes _____ No
7. Have there been any losses discovered or sustained in the last three years? _____ Yes _____ No
8. Is similar coverage currently in place? _____ Yes _____ No

Limit & Deductible Options *(Please indicate below.)*

<u>Limit</u>	<u>Deductible</u>	<u>3-Year Prepaid Premium*</u> (Kentucky Lodges Must Add 1.5% Surcharge.)
_____ \$25,000.00	\$250.00	\$305.00
_____ \$50,000.00	\$500.00	\$429.00
_____ \$100,000.00	\$1,000.00	\$591.00
_____ \$200,000.00	\$2,000.00	\$716.00
_____ \$300,000.00	\$3,000.00	\$845.00

**Premium is considered fully earned at coverage inception.*

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Date Information

Requested Effective Date: _____ Date Submitted: _____

Payment Information

_____ I wish to pay by check

(If paying by check, make payable to: Hylant Group and submit to the address listed at the bottom of this form.)

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