

Account Number \_\_\_\_\_

Date \_\_\_\_\_

Named Insured \_\_\_\_\_

City/State \_\_\_\_\_

## **BOND SURVEY**

1. Annual audit is completed by a certified public accountant

Yes  No

If checked no, who does the audit and how often? (Give qualifications.)

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2. Indicate background checks completed on individuals handling finances.

Prior Employment Verification

Criminal Check

Credit Check

\*Other

Contact of References

\*None

Prior Education Verification

\*If checked, provide details: \_\_\_\_\_

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3. Have any individual(s) designated to handle money or property ever committed or been convicted of any dishonest acts?

Yes  No

If checked yes, provide details: \_\_\_\_\_

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4. Have any individual(s) had bond coverage cancelled or denied? – N/A State = MO

Yes  No

If checked yes, provide details: \_\_\_\_\_

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5. Has bond coverage for your organization ever been refused, cancelled, or nonrenewed? N/A State = MO

Yes  No

If checked yes, provide details: \_\_\_\_\_

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6. What is the total number of individuals with access to money or financial accounts?

1

2 - 5

6 - 10

Over 10

7. Will there be an increase in this number of individuals during the policy term?

Yes  No

If checked yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Two signatures are required on checks

Yes  No

If checked yes, at what amount are two signatures required:

- Less Than \$1,000
- \$1,001 - \$2,500
- Over \$2,500

If checked no, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Controls are in place to prevent unauthorized use of check signing machine

Yes  No  N/A

10. Controls are in place to prevent unauthorized use of debit/credit cards

Yes  No  N/A

11. Securities (stocks, bonds, CD's, etc.) are subject to joint control by two or more unrelated/knowledgeable persons

Yes  No  N/A

12. Computer controls are in place to prevent or detect tampering or unauthorized copying of programs or records

Yes  No  N/A

COMMENTS OR ADDITIONAL INFORMATION - EXPLAIN ALL NO ANSWERS TO QUESTIONS 9 THROUGH 12.

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

Name of individual providing the information for completion of this document \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_