



OLD REPUBLIC SURETY

**FLORIDA
CONDOMINIUM ASSOCIATION
FIDELITY APPLICATION**

Nielson, Mosholder & Associates

AGENCY NAME 4380 St. Johns Pkwy #110, Sanford, FL 32771

AGENCY # 092-2301

NAME OF ASSOCIATION			EFFECTIVE DATE:
Street Address			PREMIUM PAYABLE: <input type="checkbox"/> Annual <input type="checkbox"/> 3 Years Prepaid <input type="checkbox"/> 3 Years Installments
City/Town	State	Zip	

Coverage Form	Policy Limits	Deductible
A. Employee Dishonesty	\$ _____	\$ _____
B. Depositors Forgery	\$ _____	\$ _____

⇒ IF BOND AMOUNT IS \$500,000 OR MORE, PLEASE ATTACH A COMPLETE COPY OF LATEST CPA PREPARED YEAR-END FINANCIAL STATEMENT

Prior Coverage: If no prior coverage, check this box: <input type="checkbox"/> None	Name of company previously providing this coverage:		Limit of Insurance: \$
Losses (In past 3 years) <input type="checkbox"/> Check here if none	Date of Losses:	Amount of Losses: \$	<i>Please provide details of losses on a separate sheet of paper. Include corrective actions taken.</i>
Have you had any Employee Dishonesty or Theft coverage declined or cancelled in the past three years? If yes, please provide details on a separate sheet of paper.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Census Information

Number of Officers: _____ Number of additional Board Members: _____ Number of paid employees: _____

How many of these Officers, Board Members and paid employees sign checks or have direct access to funds? _____

Internal Control Questions - A no response to either of the next two questions requires further explanation on a separate sheet of paper.

Are bank account statements reconciled monthly by someone **NOT** authorized to deposit or sign checks? Yes No

Do all checks require at least two signatures? Yes No

Which of the following prepare your financial statements? CPA Public Accountant Staff Other

How often they prepare the financial statements? Annual Other _____

Is there an independent Property Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is coverage desired for the Property Manager on this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Limit requested (\$100,000 maximum- but not to exceed policy limit): \$
Property Manager Name:	Street Address:	City/State/Zip:

Section 817.234(1) (b), F.S. "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, or misleading information is guilty of a felony of the third degree."

Signature _____ Date _____

(Print Name & Title) _____

⇒ **NOTE : THIS APPLICATION MUST BE SIGNED BY AN OFFICER OF THE CONDO ASSOCIATION**