



LANCE SURETY BOND ASSOCIATES, INC.

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Business Services Bond Supplemental Questionnaire

Name of Insured: _____

Limit of Insurance: _____

1. What is the name of the client you will be working for? _____

Address: _____

2. Briefly describe the type of work that will be performed for your client: _____

3. How many employees will be on the premises of your client? _____

4. Will you/your employees have access to your client's money, securities, banking systems, wire transfer systems or any sensitive computer data? If yes, please provide details: _____

5. Will you have restricted access to physical areas of your client's premises by keycards, locks, etc.? _____

6. Will you be performing your services during normal business hours? If not, when will you be performing your work? _____

7. Will your employees be supervised and/or monitored by your client when performing services on their premises? _____

8. Will your employees be required to wear I.D. badges or carry special identification in order to identify themselves as "non-employees"? _____

9. Do you perform background checks on your employees including personal references, past employment references, criminal checks and drug testing? If not, please explain: _____

(CONTINUED ON NEXT PAGE)

10. Do you have any knowledge of any employee stealing from a client in the past or at this time? If yes, please provide complete details including a description of the loss, amount of the loss, and corrective measures to prevent similar loss from occurring. _____

11. If this coverage is for one specific client contract, what are the anticipated start/completions dates?

Your Name: _____ Title: _____

Signature: _____ Date: _____