

A.1 Employee/Volunteer Theft (Dishonesty) VFW QUESTIONAIRE FOR CLUB EMPLOYEES & BINGO PERSONS TO, BE COMPLETED BY **COVERED INDIVIDUAL**

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Bond Term: October 1, 2022 to September 30, 2023

1. a) Name of Post		Post #
b) Post Address		
2. a) Name of Person to be Cove	red	
3. Position to be Covered		-
4. Coverage Amount Requested	\$	
5. Number of Persons Covered	<u>1</u>	
6. Number of Locations	<u> </u>	
7. Post - Annual Income		
8. Has the post had any losses ov If yes, provide a description		
•	•	audulent employment related act, "for ds of any kind
b) If yes, explain		
	S ONLY 90 DAYS TO S	CANCELLED AT EXPIRATION DATE SUBMIT A PROOF OF LOSS FOR GE CEASES.
If this is a replacement for a cu	rrent position, please ad	lvise what person you are replacing
		·
Signed thisday	y of(Month)	 (Year)
Signature: Person to be Covered		 Form # 4B