Fidelity Bond (Employee Dishonesty/Crime Coverage)

Authorization & Verification Form

Applicant Name: Secure Insight™ Registration #: 92076

Part I - Authorization (To be completed BY SECURE INSIGHT™ APPLICANT <u>ONLY</u>)

I, of hereby authorize the representatives(s), named below, to verify the existence of my insurance coverage with Secure Insight™. To expedite this application, or contact me for any reason, please feel free to call me via the following contact information:

Name (Print):   Email:

Signature: Cell Phone:

Date:

Confirmation: By signing above I confirm I will NOT write below this line. This authorization form is valid until rescinded by the applicant named above.

Part II - Verification of Fidelity Bond (To be completed BY INSURANCE REPRESENTATIVE <u>ONLY</u>)

Fidelity Bond Agency/Brokerage: Insurance Representative:

Phone: Fax:

Email:

Agency/Brokerage Address:

City:

State:

Zip:

Fidelity Bond Carrier:

Policy Number:

Effective Date:

Expiration Date:

Policy is: [ ] Paid in Full   or [ ] Financed
    If financed, is the policy current? [ ] Yes [ ] No

    If financed, payments are due: [ ] Monthly [ ] Quarterly [ ] Semi-Annually

Next Payment Due Date:

Coverage Limit $:

Deductible/Retention $:

Does this policy have any specific claim exclusion endorsements against an Individual or Entity: [ ] Yes [ ] No

If yes, please provide a brief explanation:

Insurance Representative verifies the above information is correct by signing below

Name (Print):   Title:

Signature: Date:

Phone:

Confirmation: by signing above I hereby **confirm I am an insurance representative** authorized to verify this form.

Dear Insurance Representative: Upon completion of Part II please return this form ASAP to Secure Insight™ via fax 888-908-6194.
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