

JW Bond Consultants, Inc.

P: (888) 592-6631 ~ F: (267) 362-4416

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 below: _____

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 no, 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 no, please explain below. _____

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 a similar loss from occurring. _____

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

Signed _____
Date _____

Title _____