



PLEA, INC.
 P.O. Box 1197
 Troy, Michigan 48099-1197
 Toll Free 1-800-367-4321
 www.plea.net

MASTER POLICY FIDELITY COVERAGE

Coverage

- Loss of "money," "securities," and "property other than money and securities" caused by DISHONEST ACTS committed by an identified Association Officer.

Policy Term

- 3 Years

Policy Provisions

- Premium is for Blanket Employee Dishonesty and **not** per position.
- If bank accounts are not reconciled by someone **not** authorized to deposit or sign checks, and if there is no counter signature requirement, a letter will be required explaining the controls of the Lodge prior to policy acceptance.
- No coverage will be in effect until approved and premium is received.
- No minimum premium or deductibles on most limits.

Optional Limits of Liability & Premiums

Limit	Deductible	3 year Prepaid Premium *
\$25,000	\$0	\$305
\$50,000	\$0	\$429
\$75,000	\$0	\$510
\$100,000	\$0	\$591
\$150,000	\$1500	\$654
\$200,000	\$2000	\$716
\$300,000	\$3000	\$845

* Master Policy expiration date is 10/31/17.
 Premiums will be pro-rated. Please call for premiums.

PLEA, INC. Fidelity Bond Application

Requested Effective Date: _____

Name of Organization: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Fax: _____

Do you have a cash bar or restaurant on the premises? _____

Do you: Own Rent Meet elsewhere

Do you want a quote on General Liability Insurance? (If Lodge not owned.) YES _____ NO _____

Special Events YES _____ NO _____

Contact Person(s): _____

Coverage Limit: _____

Bank accounts will be reconciled by someone not authorized to deposit or sign checks? YES _____ NO _____

Checks will be countersigned? YES _____ NO _____

Books and Records are audited by outside independent person or by an Audit YES _____ NO _____
Committee made up of individual not being bonded?

Note: If you have answered "NO" to any of the above questions, please attach a full explanation.

Have you ever experienced a loss? YES _____ NO _____

Note: If you have answered "YES" to the above question, please attach a full explanation.

"I hereby state the information provided in this Application is accurate to the best knowledge and belief of Applicant, and understand it is the basis on which this coverage is approved."

Coverage will be effective upon approval of the insurance company.

Signature of Applicant: _____ Date: _____

Title: _____

* Quotes offered through Republic Underwriters, Inc. - Agent of Record

Mail, Fax, or Email this application to:
PLEA, INC. P.O. Box 1197 Troy, MI 48099-1197
Phone: 800-367-4321 Fax: 1-248-641-8857 Email: info@plea.net
Check payable to PLEA, INC.