P.O. Box 82263
Rochester, MI 48308-2263
248-588-8989 Phone
248-641-8857 Fax
www.plea.net

MASTER POLICY FIDELITY COVERAGE

Optional Limits of Liability & Premiums

Limit	Deductible	3 Year Prepaid Premium*
$25,000	$0	$315
$50,000	$0	$439
$75,000	$0	$520
$100,000	$0	$601
$150,000	$1,500	$664
$200,000	$2,000	$726
$300,000	$3,000	$855

*Master Policy expiration date is 10/31/26. Premiums will be pro-rated. Please call for Premiums. Includes $10 – 3 year PLEA Membership fee.

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.

Fidelity Bond Application

(Please Print)

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? □ Yes □ No

Do you: □ Own □ Rent □ Meet Elsewhere

Do you want a quote on General Liability Insurance? (If Lodge not owned.) □ Yes □ No

Special Events Liability □ Yes □ No

Contact Person(s): _____

Coverage Limit: □ $25,000 □ $50,000 □ $75,000 □ $100,000
□ $150,000 □ $200,000 □ $300,000

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

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

Have you ever experienced a loss? □ Yes □ No

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

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

Mail, Fax, or Email this Application to:
PLEA, Inc. P.O. Box 82263, Rochester, MI 48308-2263
Phone: 248-588-8989 Fax: 248-641-8857 Email: info@plea.net
Check payable to PLEA, Inc.