

THE
BOND EXCHANGE

AND INSURANCE AGENCY

Application Instructions

- 1) Please complete all sections of the enclosed application
- 2) Be certain to sign and date the application, when applicable
- 3) Once the application has been completed, please submit it to our office via email apply@thebond-exchange.com or by fax at **(877) 461-6505**

Once the application has been received by our office, you will be contacted by a representative to confirm its receipt. Please be certain to provide your preferred contact information so we can ensure your bond request is handled diligently. In most cases, **we guarantee a response with regards to approval of your bond within one business day!**

Should you have any questions regarding the completion of the application, or if you wish to speak to a representative directly, please do not hesitate to contact us at **(800) 764-7233**.

Thank you,

The Bond Exchange & Insurance Agency

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BOND EXCHANGE
AND INSURANCE AGENCY

INSTANT ISSUE APPLICATION
NO CREDIT OR BACKGROUND CHECKS REQUIRED!
FIDELITY/EMPLOYEE DISHONESTY/BUSINESS SERVICES BOND

COVERAGE UNDER THE BOND

Premium charged on an annual basis

# of Employees	\$5,000	\$10,000	\$25,000	\$50,000	\$100,000
5 or less	\$150.00	\$165.00	\$220.00	\$284.00	\$376.00
6	150.00	175.00	233.00	302.00	399.00
7	150.00	185.00	248.00	321.00	421.00
8	158.00	195.00	273.00	358.00	444.00
9	162.00	165.00	277.00	357.00	467.00
10	172.00	214.00	291.00	376.00	489.00
11	179.00	224.00	305.00	394.00	512.00
12	186.00	234.00	319.00	413.00	535.00
13	193.00	244.00	334.00	431.00	557.00
14	200.00	254.00	349.00	450.00	580.00
15	207.00	264.00	362.00	468.00	603.00
16	214.00	274.00	376.00	487.00	626.00
17	222.00	284.00	410.00	505.00	648.00
18	229.00	294.00	404.00	523.00	671.00
19	236.00	304.00	419.00	542.00	694.00
20	243.00	314.00	433.00	560.00	716.00
21	250.00	324.00	447.00	579.00	739.00
22	257.00	334.00	461.00	597.00	762.00
23	264.00	343.00	475.00	616.00	784.00
24	271.00	353.00	489.00	634.00	807.00
25	278.00	363.00	504.00	652.00	830.00

Applicant and/or Business Name:		Type of Business:		
Business Address:				
Street		City	State	Zip Code
Contact Phone	Contact Fax		Contact Email	
Number of Employees (CANNOT BE 1099 OR INDEPENDENT CONTRACTORS):		Owners Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Level of Coverage Requested: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000	
Payment Method <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Check If paying by check, the bond will be released to you upon receipt of payment. Please make checks payable to The Bond Exchange and include overnight delivery fee, if requested, and mail to the following address: <i>24800 Chrisanta Drive, Suite 160, Mission Viejo, CA 92691</i>				
Exact Name on Card		Billing Address		
Card Number	Card Expiration	Three Digit Security Code (Last three digits located on the back of the card)		
Method of Delivery <input type="checkbox"/> Overnight Delivery (\$25.00 additional fee for California, \$35.00 for all other States) <input type="checkbox"/> Regular Mail				
Authorized Charge Amount (Please include delivery fee, if applicable) \$				