

Type of Business: New Renewal

*if New, desired Effective Date: _____

School District Information

School District Name: _____

School District Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Township: _____

Loss Information *(*If yes, please attach full description of the situation and the amount of any payment.)*

Has the District ever made claim against a surety or fidelity bond? Yes* No

Have there been any employee dishonesty losses in past 5 years? Yes* No

Investment and Internal Controls Information

Does the District have an investment counselor? Yes* No * If yes, who? _____

Does the District invest in a liquid asset fund? Yes* No * If yes, which fund? _____

Are bank accounts reconciled by someone not authorized to deposit or withdraw from the accounts? Yes No*

* If no, please explain: _____

Is counter signature of checks required? Yes No*

* If no, please provide explanation of check signing procedures: _____

Are accounts reconciled at least bi-monthly? Yes No

Does the District carry Crime and Employee Dishonesty Coverage? Yes No

If Yes, please provide a current Certificate of Insurance evidencing all Crime and Employee Dishonesty Coverages.

If No, please state why the district is not purchasing this coverage: _____

District Treasurer Information

District Treasurer

Treasurer's Name (First, Middle, Last): _____

Home Address (Street, PO Box, Apt.): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____ # years as Treasurer: _____

College Attended: _____ Degree received/year: _____

CPA Certified Chief School Business Official

What other positions does the treasurer hold within the district? _____

Has this person ever been charged with any kind of criminal offense? Yes* No *(*If yes, please attach description.)*

District Treasurer Information Cont.

Has this person ever filed for bankruptcy? Yes No

Has the district performed a background check on Treasurer? Yes* No *If yes, on what date? _____

Has the district performed a credit check on Treasurer? Yes* No *If yes, on what date? _____

Request Information (Please mark with 'X' next to applicable item you want to request)

Issue New Bond Effective Date: _____

Continue Existing Bond #: _____ Anniversary Date: #: _____

Change District Treasurer From: _____ To: _____

Other Change _____

Special Purpose Borrowing Information

Date of last Audit: _____ Was audit free from criticism? Yes No

Bond Type: Construction Working Cash Life Safety Other: _____

Total Amount Borrowed: \$ _____

Amount Used to Date: \$ _____

Remaining Amount: \$ _____

Bond Amount Requested: \$ _____

*All Special Purpose Borrowing Treasurer's Bonds are subject to a minimum premium.

Certification and Signature

I hereby warrant and certify that all the information contained in this application is true, correct and complete to the best of my knowledge and belief; and agree to these Terms of Acceptance.

Treasurer Name

Date

Treasurer Signature

Email

Superintendent Name

Date

Superintendent Signature

Email