

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 Please**

Please submit completed application to: [BRK\\_TBond\\_Submissions@one80.com](mailto:BRK_TBond_Submissions@one80.com)