



The Ohio Casualty Insurance Company

BUSINESS SERVICES BOND APPLICATION

AGENCY _____ LOCATION _____

PRODUCER NAME: _____ PRODUCER LICENSE NO. _____

NAME OF APPLICANT _____

ADDRESS _____
(STREET & NUMBER) (CITY) (STATE) (ZIP)

TYPE OF BUSINESS _____

AMOUNT OF COVERAGE: _____ \$5,000.00 _____ \$10,000.00 _____ \$25,000.00
 _____ \$50,000.00 _____ \$100,000.00 _____ Other

EFFECTIVE DATE _____ NUMBER OF EMPLOYEES _____

BOND COVERAGE APPLIES ONLY IF EMPLOYEE IS CONVICTED

COVERAGE PROVIDED FOR BUT NOT LIMITED TO:

JANITORIAL SERVICES
PEST CONTROL
MAID SERVICE
HOME PHOTOGRAPHER

SECURITY GUARD
CARPET CLEANING
APPLIANCE REPAIR
FOOD CATERING

INTERIOR DECORATOR
LOCKSMITHS
MESSENGER SERVICE
OTHER CONTRACTORS

RATES

<u>EMPLOYEES</u>	<u>\$5,000.00</u>	<u>\$10,000.00</u>	<u>\$25,000.00</u>	<u>\$50,000.00</u>
5 OR LESS	\$120.00	\$160.00	\$237.00	\$325.00
10	\$171.00	\$229.00	\$337.00	\$455.00
15	\$220.00	\$299.00	\$435.00	\$583.00
20	\$269.00	\$368.00	\$534.00	\$711.00
25	\$318.00	\$436.00	\$632.00	\$839.00

ABOVE RATES BASED ON "\$0" DEDUCTIBLE
OTHER RATES AVAILABLE UPON REQUEST, PLEASE CONTACT THE BOND DEPT

APPLICABLE IN FLORIDA-FRAUD STATEMENT

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.