

# FIDELITY BOND CERTIFICATION FORM

(See reverse side for operational definitions)

MAIL TO: THE McLAUGHLIN COMPANY

9210 Corporate Boulevard, Suite 250

Rockville, MD 20850

PHONE INQUIRES: 1-800-233-2258 WEBSITE [www.bonds4jobs.com](http://www.bonds4jobs.com)

## JOB PLACEMENT AGENCY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMPLOYER RECEIVING BOND: DATE AFFIRMED      /      /

COMPANY/AGENCY NAME \_\_\_\_\_

CONTACT PERSON NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

## WORKER COVERED BY BOND

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

BOND EFFECTIVE DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SOC. SECURITY # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MO. DAY YEAR

BOND INSURANCE AMOUNT :      TOTAL AMOUNT

NEW \_\_\_\_\_  
RENEWAL \_\_\_\_\_

\$ , 000

\_\_\_\_\_  
\$5,10,15,20, or 25K

O F F I C I A L   B O N D   I N S U R A N C E   S T A M P (S)\*

\* Affix one stamp for each \$5,000 of bond insurance issued (e.g., minimum total bond issued is \$5,000 & requires only 1 stamp; maximum total bond is \$25,000 & requires 5 stamps).

\_\_\_\_\_  
SIGNATURE (JOB PLACEMENT STAFF)

(      )      -  
\_\_\_\_\_  
TELEPHONE #

## OPERATIONAL DEFINITIONS

**MAIL TO:** The completed FIDELITY BOND CERTIFICATION FORM is to be mailed to The McLaughlin Company in Rockville, Maryland where it will be processed for the mailing of a Fidelity Bond to the employer who hired the bondee. The McLaughlin Company serves as agent for Travelers Insurance Company in the issuance of this bond which is a Travelers insurance policy covering any employee dishonesty.

**PHONE INQUIRIES:** The toll-free number 1-800-233-2258 can be used to reach Ron Rubbin, Director of national bonding operations for The McLaughlin Company, who is available to respond to any technical assistance or other information needs.

**JOB PLACEMENT AGENCY:** This is the organization that purchased a fidelity bond package from The McLaughlin Company. The bonds are to be issued to employers, free-of-charge, as an incentive for the hiring of ex-offenders and other at-risk job applicants. These job hires must earn wages subject to automatic paycheck deductions for Federal taxes.

**EMPLOYER RECEIVING BOND: DATE AFFIRMED:** This is the date that the employer agreed (verbally) to hire a job applicant referred by the Job Placement Agency on condition that a Fidelity Bond would be issued to the employer. This date cannot be later than the applicant's first day of work (see BOND EFFECTIVE DATE BELOW).

**WORKER COVERED BY BOND:** This is any individual who has a record of arrest, conviction or imprisonment (including anyone who has ever been on probation and/or released from jail or prison) or is otherwise considered "at-risk" due to any of the following circumstances: is an ex-addict (history of alcohol or drug abuse); has a poor financial credit history and/or ever declared personal bankruptcy; was discharged dishonorably from the military; is "economically disadvantaged" and lacks a work history; or for other reasons lacks personal credibility that is a barrier to employment which can be removed by issuance of a Fidelity Bond.

**BOND EFFECTIVE DATE:** This is the date scheduled by the employer as the first day of work for the job applicant. The bond insurance begins on that date and remains in effect for a six-month duration.

**BOND INSURANCE AMOUNT:** This is the dollar amount of insurance provided by the Fidelity Bond to protect the employer against any employee dishonesty. The TOTAL AMOUNT identified can be either \$5, 10, 15, 20 or 25K (no other amounts are acceptable; \$5K is the minimum bond amount; \$25K is the maximum). It should be noted that the bond issued has no deductible amount; therefore, the employer receives coverage for the full bond insurance amount.

**NEW or RENEWAL:** This space is to designate with a "check mark" whether the bond issued is NEW (i.e., first time a bond is being issued to the employer to cover the specific worker) or is a RENEWAL (i.e., a second six-months of free insurance is being issued to the employer covering the same worker).

**OFFICIAL BOND INSURANCE STAMP(S):** The organization that purchased a fidelity bond package from The McLaughlin Company was provided a set of stamps, one or more of which is to be affixed to each FIDELITY BOND CERTIFICATION FORM. The number of stamps provided is based upon the package size purchased (e.g., 25 stamps are provided for a 25 bond package), and each stamp represents one unit of bonding/\$5,000 insurance coverage for a six-month duration.

These stamps are numbered sequentially so that The McLaughlin Company can automatically know which bond package purchaser has issued a bond and, thereby, can readily inform the purchaser monthly on the total bond units debited and remaining in the purchaser's account. For each \$5,000 of insurance specified for BOND INSURANCE AMOUNT (see above), one stamp is to be affixed in space at the bottom of the CERTIFICATION FORM (e.g., to issue a \$10,000 bond to the employer, two stamps are to be affixed to the FORM).

**SIGNATURE:** The form should be signed by a job placement staff member (or some other staff person designated by the bond package purchaser).

**NOTE:** The format of this form can be customized to the special needs of the purchaser.