



## Fidelity Bond (Employee Dishonesty/Crime Coverage)

### Authorization & Verification Form

Applicant Name:

Secure Insight™ Registration #: 92076

#### Part I - Authorization (To be completed BY SECURE INSIGHT™ APPLICANT ONLY)

I, of hereby authorize the representatives(s), named below, to verify the existence of my insurance coverage with Secure Insight™. To expedite this application, or contact me for any reason, please feel free to call me via the following contact information:

Name (Print):

Email:

Signature:

Cell Phone:

Date:

**Confirmation:**By signing above I confirm I will NOT write below this line. This authorization form is valid until rescinded by the applicant named above.

#### Part II - Verification of Fidelity Bond (To be completed BY INSURANCE REPRESENTATIVE ONLY)

Fidelity Bond Agency/Brokerage:

Insurance Representative:

Phone:

Fax:

Email:

Agency/Brokerage Address:

City:

State:

Zip:

Fidelity Bond Carrier:

Policy Number:

Effective Date:

Expiration Date:

Policy is:  Paid in Full or  Financed

If financed, is the policy current?  Yes  No

If financed, payments are due:  Monthly  Quarterly  Semi-Annually

Next Payment Due Date:

Coverage Limit \$:

Deductible/Retention \$:

Does this policy have any specific claim exclusion endorsements against an Individual or Entity:  Yes  No

If yes, please provide a brief explanation:

#### Insurance Representative verifies the above information is correct by signing below

Name (Print):

Title:

Signature:

Date:

Phone:

**Confirmation:** by signing above I hereby confirm I am an insurance representative authorized to verify this form.

Dear Insurance Representative: Upon completion of Part II please return this form ASAP to Secure Insight™ via fax 888-908-6194.  
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www.secureinsight.com | 877-758-7878