

FIDELITY BOND CERTIFICATION FORM

MAIL TO: The Federal Bonding Program PHONE INQUIRIES: 1-800-233-2258
Union Insurance Group, Inc.
303 W Erie Street, Suite 310
Chicago, IL 60654

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 _____	\$ _____,000
RENEWAL _____	_____
	\$5k, \$10k, \$20k or \$25k

OFFICIAL INSURANCE BOND STAMP(S)*

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

SIGNATURE (JOB PLACEMENT STAFF)

TELEPHONE #