FIDELITY BOND CERTIFICATION FORM

MAIL TO: The Federal Bonding Program

Union Insurance Group, Inc. 303 W Erie Street, Suite 310

Chicago, IL 60654

PHONE INQUIRIES: 1-800-233-2258

JOB PLACEMENT AGENCY	
NAME	
ADDRESS	
CITY/STATE/ZIP	
EMPLOYER RECEIVING BOND: DAT	E AFFIRMED / /
COMPANY/AGENCY NAME	
CONTACT PERSON NAME	
ADDRESS	
CITY/STATE/ZIP	
WORKER COVERED BY BOND	
LAST NAME	FIRST NAME
BOND EFFECTIVE DATE / / MO DAY YEAR	SOC. SECURITY#
BOND INSURANCE AMOUNT: NEW RENEWAL	TOTAL AMOUNT \$,000
	\$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