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| **Third Party Bond Extension Supplemental Form** |
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| **Please note: This supplemental form must be completed in addition to the Health & Wellness Application if you require the Third Party Bond Extension.** |
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| Coverage Required? [ ]  OR Not Applicable [ ]  |  |
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| Note: Available only if Employee Dishonesty has been selected. |
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| Description of services/operations that your employees perform on customer's premises including frequency and length of visits. |
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|       |
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| Is coverage required for all customers? | YES |       | NO |       |
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| If coverage is required for a single customer, please specify and attach a copy of the agreement. |
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|       |
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| Number of employees that perform services/operations on customer's premises. |       |  |
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| Number of contract employees that perform services/operations on your behalf on customer's premises. |       |  |
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| Is there a contract in place? | YES |       | NO |       |
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| Is the Applicant added as an Additional Insured? | YES |       | NO |       |
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| Is proof of insurance provided? | YES |       | NO |       |
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| Are all contracts reviewed by legal counsel and the Insured's Risk Manager? | YES |       | NO |       |
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| Are all employee visits monitored and/or logged by the Applicant? | YES |       | NO |       |
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| Are payments for products/services ever made by customers to your employees working on their premises? | YES |       | NO |       |
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| Are background checks made for prospective employees who will work on customer's premises? | YES |       | NO |       |
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| If yes, what kind of checks? (employment records, police checks, etc.) |
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