

The Ohio Casualty Insurance Company

Business Services Bond Supplemental Questionnaire

Agency Name:	Agency No.:
Agency State:	Agency Phone No.:
Producer Name:	Producer License No:
Name of Insured:	
Limit of Insurance: \$	
1. What is/are the name(s) of the client(s) you will be working for	?
2. Briefly describe the type of work that will be performed for you	r client(s).
3. How many employees will be on the premises of your client(s)?	,
4. If this coverage is for one specific client contract, what is the an	
5. Will you/your employees have access to your client's money, se computer data? If yes, please provide details below:	curities, banking systems, wire transfer systems or any sensitive
6. Will you have restricted access to physical areas of your client's	premises by keycards, locks, etc.?
7. Will you be performing your services during normal business ho	ours? If no, when will you be performing your work?
8. Will your employees be supervised and/or monitored by your cl	ient(s) when performing services on their premises?
9. Will your employees be required to wear I.D. badges or carry sp employees'?	pecial identification in order to identify themselves as 'non-
10. Do you perform background checks on your employees including checks and drug testing? If no, please explain below.	ng personal references, past employment references, criminal
11. Do you have any knowledge of any employee stealing from a cl details including a description of the loss, amount of the loss, an	
12. Have you sustained any employee dishonesty losses in the past	6 years? If 'yes', please included details of the losses:
Signed	Title
Date	

APPLICABLE IN FLORIDA-FRAUD STATEMENT

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.