

FROM: KANSAS VFW STATE HEADQUARTERS
P.O. BOX 1008, TOPEKA, KS 66601-1008
ATTN: POST QUARTERMASTER

Men's Auxiliary - the bond rates are \$4.50 per thousand dollars of coverage, with a **MINIMUM of \$3000 bond coverage.**

Per our Quartermaster Bond Forms: *If bonding for less than \$3000 you must enclose a copy of your last audit.*
(Bond form enclosed)

Your bond application can not be forwarded to the bonding company until we receive a copy of your last audit to be attached to your bond application.

Your immediate response is appreciated.

To: **VFW Commanders & Quartermasters**
VFW Men's Auxiliary Treasurer

From: **Department of Kansas VFW Headquarters**

Subject: **Bonds**

Coverages of the policy require that at least annually, audit of the books and accounts including complete verification of all securities and bank balances be made. If the above is not complied with, the Surety Company will refuse to honor claims of missing funds which cannot be proven by records. Completion of quarterly audits and reconciliation of monthly bank statements may avoid denial of a claim.

Travelers Insurance Company is rated by A.M. Best Co. as A++ (Superior) for financial strength and service to policyholders. Our good bond rate is partially due to the emphasis that has been placed on the audit requirements and quarterly trustees reports.

CLUB MANAGERS AND GAMBLING OPERATIONS MUST BE BONDED SEPARATELY ON DIFFERENT FORMS OBTAINED FROM THIS OFFICE. A QUARTERMASTER THAT IS HANDLING ANY GAMBLING, GAMES OF CHANCE, SLOT MACHINES, ETC. ARE NOT COVERED UNDER THE QUARTERMASTER BOND. THEY MUST BE COVERED UNDER THE CLUB MANAGER BOND.

**DEPARTMENT OF KANSAS
VETERANS OF FOREIGN WARS
VFW QUARTERMASTER INDEMNITY BOND APPLICATION**

One of the most important communications you will receive during the year concerns the bond of your Post Quartermaster **Section 703 of the National By-Laws requires** that each accountable officer shall be bonded with an Indemnity Company as surety and the By-Laws places the responsibility for adequate bonding upon the Commander of the unit. In any business it is customary to bond any officer handling funds.

The Department Headquarters carries a schedule bond for the bonding of Department, District and Post accountable officers. This bond runs for a year - from **September 1 to August 31** - and premium payments are made on that basis and funds of your Unit are protected only for that year. All bonds expire on August 31 and the premium for the new year is due on September 1.

BOND CONDITIONS

The books and records of Quartermasters and other accountable Post officers must be audited at least quarterly by the Post Trustees. **Failure on the part of a Post Commander to strictly enforce Section 218 of the National Manual of Procedure may release the Bonding Company of all liability in case of a defalcation.** Certificates of audit may be required.

IMPORTANT NOTICE !

If a VFW Bond is desired, fill-out the application form below for the amount of Bond required and mail with proper amount for annual premium to DEPARTMENT HEADQUARTERS.

If your Post is bonded elsewhere, please fill out the form on the reverse side of this Bond Application and send it to Department Headquarters. This information must be furnished annually in order for Department to have complete records for all Posts.

BOND PREMIUMS

Amount of Bond - \$ 1,000 (minimum) To \$25,000.....Premium - \$3.50 Per Thousand
Amount of Bond - \$26,000 To \$250,000.....Premium - \$3.00 Per Thousand
Amount of Bond - \$251,000 To \$500,000.....Premium - \$2.50 Per Thousand

IF BONDING FOR LESS THAN \$3000 YOU MUST ENCLOSE A COPY OF YOUR LAST AUDIT!

DETACH AND RETURN WITH PREMIUM CHECK TO:
DEPARTMENT OF KANSAS VFW, P.O. BOX 1008, TOPEKA, KS 66601-1008
APPLICATION FOR VFW OFFICERS BOND (Use Separate Application for each office)

Post # _____ Location _____ Post Name _____

Date _____ 20 _____

I hereby apply to Department of Kansas VFW Headquarters for bond in the principal sum of \$ _____ for the Quartermaster (or Post _____) for the fiscal year from September 1, 20 ____ to August 31, 20 ____ . Our check # _____ in the amount of \$ _____ to cover the premium is enclosed.

Signature _____
Commander or Quartermaster

Address _____
Street, City, Zip Code

(NOTE: FILL-OUT THIS FORM ONLY IF YOU HAVE OBTAINED YOUR BOND FROM AN AGENCY OTHER THAN THE KANSAS VFW)

CERTIFICATION OF BOND

IT IS HEREBY CERTIFIED THAT THE QUARTERMASTER AND/OR OTHER ACCOUNTABLE OFFICERS, AS APPROPRIATE, OF VFW POST NO. _____ LOCATED AT _____, KANSAS ARE BONDED WITH AN INDEMNITY COMPANY AS SURETY IN A SUM AT LEAST EQUAL TO THE AMOUNT OF LIQUID ASSETS FOR WHICH, SO FAR AS CAN BE ANTICIPATED, THEY MAY BE ACCOUNTABLE.

OFFICES OR OFFICERS BONDED: _____

AMOUNT OF BOND: \$ _____

DATES OF COVERAGE: FROM: _____ 20____, TO: _____ 20____.

NAME OF AGENCY: _____

NAME OF INDEMNITY COMPANY: _____

CERTIFIED THIS _____ DAY OF _____ 20____.

SIGNATURE OF POST COMMANDER: _____

MAIL THIS FORM TO:

VFW STATE HEADQUARTERS
P.O. BOX 1008
TOPEKA, KS 66601-1008



Tallman Insurance

**APPLICATION FOR DISHONESTY BOND
TO BE COMPLETED BY BONDED INDIVIDUAL**

1. a) Name of Post _____ Post # _____
b) Post Address _____
2. a) Name of Person to be Bonded _____
b) Residence Address _____
c) Social Security # _____
3. Position to be Bonded _____ Bond Amount \$ _____
4. Largest amount of cash or check at one time? \$ _____ Amount Monthly? \$ _____
5. How frequently will such cash or checks be audited or reconciled? _____
6. Are you authorized to sign checks? _____. If yes, will check be countersigned? _____
7. Is the audit done by an independent CPA or Public Accountant? _____
8. a) Have you ever been discharged from any position _____
b) If yes, please explain _____
9. a) Have you ever been bankrupt or insolvent? _____
b) If yes, please give details in a separate confidential letter to the Insurance Company.
10. a) Have you ever been refused a bond? _____
b) When _____ c) What Company _____
11. a) Have you ever been convicted of a felony or misdemeanor? (Other than Traffic Violations) _____
b) If yes, explain _____

The foregoing answers, statements and representations are made with the intent to induce The Travelers Insurance Company to execute the policy described herein and are true to the best of our/my knowledge and belief.

Signed this _____ day of _____, _____
(day) (month) (year)

Signature: Person to be Bonded

**DEPARTMENT OF KANSAS
VETERANS OF FOREIGN WARS
PO BOX 1008, TOPEKA, KANSAS 66601-1008**

**BONDING OF VFW CLUB MANAGERS , BINGO CHAIRMAN & CLUB EMPLOYEES
For fiscal year OCTOBER 1st, to SEPTEMBER 30th**

The **By-laws, Section 703, states** that each accountable officer of the organization shall be bonded.
All officers and committee chairmen handling post monies are required to be bonded.

Please remember that the bond is a **Position Schedule Bond protecting the position of** Club Manager and other Club Employees and Volunteers such as bartender, bar manager, canteen manager or house chairmen. This bond also can protect any legal Gambling operations such as Bingo, Games of Chance and Slot Machines. If there is more than one person the club wishes to bond, they merely identify their position, fill out the application and send it to us with the individual premium per person.

Applications received after January 31st, will be effective the date the Bonding Agency receives the application by mail. The bond premium will not be pro-rated. The premium charged is the minimum annual premium.

BOND RATE SCHEDULE

\$ 3,000.----- \$ 20.00 **Minimum Premium**

Rates \$4,000. And Over - \$6.00 Per Thousand

\$ 4,000.-----	\$ 24.00
\$ 5,000.-----	\$ 30.00
\$ 6,000.-----	\$ 36.00
\$ 7,000.-----	\$ 42.00
\$ 8,000.-----	\$ 48.00
\$ 9,000.-----	\$ 54.00
\$ 10,000.-----	\$ 60.00
\$ 15,000.-----	\$ 90.00
\$ 20,000.-----	\$120.00

Rates \$25,000. And Over - \$4.00 Per Thousand

\$ 25,000.-----	\$100.00
\$ 30,000.-----	\$120.00
\$ 35,000.-----	\$140.00
\$ 40,000.-----	\$160.00

Rates \$50,000. And Over - \$3.00 Per Thousand

\$ 50,000.-----	\$150.00
\$ 55,000.-----	\$165.00
\$ 60,000.-----	\$180.00
\$ 65,000.-----	\$195.00
\$ 70,000.-----	\$210.00
\$ 75,000.-----	\$225.00
\$ 80,000.-----	\$240.00
\$ 85,000.-----	\$255.00
\$ 90,000.-----	\$270.00
\$100,000.-----	\$300.00

**DEPARTMENT OF KANSAS
VETERANS OF FOREIGN WARS
PO BOX 1008, TOPEKA, KANSAS 66601-1008**

VFW MEN'S AUXILIARY TREASURER'S BOND APPLICATION

Men's Auxiliary Number _____ Auxiliary Name _____

Location (City & State) _____

Date _____

The bond rates are **\$4.50 Per Thousand Dollars** of coverage, with a **Minimum of \$3,000** bond coverage.

I hereby apply to Department of Kansas VFW Headquarters for bond in the principal sum of \$ _____ for the Treasurer of the Men's Auxiliary to VFW Post NO. _____ for the fiscal year from September 1, 20____ to August 31, 20____. Our check # _____ in the amount of \$ _____ to cover the premium is enclosed.

Please return this application along with remittance payment for annual premium to Department Headquarters. **Make your check payable to Department of Kansas VFW.**

President's Signature

President's Name (Please type or print)

Street

City, State, Zip Code

(NOTE: FILL-OUT THIS FORM ONLY IF YOU HAVE OBTAINED YOUR BOND FROM AN AGENCY OTHER THAN THE KANSAS VFW)

CERTIFICATION OF BOND

IT IS HEREBY CERTIFIED THAT THE VFW MEN'S AUXILIARY TREASURER AND/OR OTHER ACCOUNTABLE OFFICERS, AS APPROPRIATE, OF VFW POST NO. _____ LOCATED AT _____, KANSAS ARE BONDED WITH AN INDEMNITY COMPANY AS SURETY IN A SUM AT LEAST EQUAL TO THE AMOUNT OF LIQUID ASSETS FOR WHICH, SO FAR AS CAN BE ANTICIPATED, THEY MAY BE ACCOUNTABLE.

OFFICES OR OFFICERS BONDED: _____

AMOUNT OF BOND: \$ _____

DATES OF COVERAGE: FROM: _____ 20____, TO: _____ 20____.

NAME OF AGENCY: _____

NAME OF INDEMNITY COMPANY: _____

CERTIFIED THIS _____ DAY OF _____ 20____.

SIGNATURE OF POST COMMANDER: _____

MAIL THIS FORM TO:

VFW STATE HEADQUARTERS
P.O. BOX 1008
TOPEKA, KS 66601-1008