

# FIDELITY BOND CERTIFICATION FORM

MAIL TO: Larry Miklus  
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MSC #G-229  
TALLAHASSEE, FL 32399-4137

PHONE INQUIRIES  
1-800-342-3450 ext7184  
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## ONE-STOP CAREER CENTER

ONE-STOP CAREER CENTER'S ASSOCIATE'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE/ZIP \_\_\_\_\_

### EMPLOYER RECEIVING BOND

COMPANY/AGENCY NAME \_\_\_\_\_

CONTACT PERSON NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

### WORKER COVERED BY BOND

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

BOND EFFECTIVE DATE: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ SSN \_\_\_\_\_

BOND INSURANCE AMOUNT: \$5,000      TOTAL AMOUNT: \$5,000

NEW \$ \_\_\_\_\_

RENEWAL \$ \_\_\_\_\_

### OFFICIAL BOND INSURANCE STAMP

SIGNATURE \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
One-Stop Career Center Associate's name

SAMPLE LETTER TO EMPLOYER CONFIRMING BONDING

*(Official Letterhead of One-Stop Career Center)*

*(date)*

*(employer contact name; title)*

*(employer name)*

*(address)*

*(city/state/zip)*

Dear *(contact name)*:

This is to confirm that a Fidelity Bond is being issued to your company to provide *(\$ amount of bond coverage)* in employee dishonesty insurance coverage on *(name of worker hired/bondee)*.

The effective date of the insurance is *(date worker is scheduled to start work)*. The bond expiration date is *(date six months after effective date)*.

The bond insurance is a policy of Travelers Property Casualty. Within the next 15 days, you will receive a copy of the policy from the agent for the Fidelity Bond being issued - The McLaughlin Company, 1725 DeSales Street, NW, Suite 700, Washington, DC, 20036. In the event of a loss covered by the policy, you are to file a claim in writing directly with The McLaughlin Company.

We appreciate your interest and cooperation in dealing with our organization.

Sincerely,

*(Signature of One-Stop Career Center staff member)*