



Tallman Insurance

A.1 Employee/Volunteer Theft (Crime Coverage)
VFW QUESTIONNAIRE FOR CLUB EMPLOYEES &
BINGO PERSONS TO, BE COMPLETED BY
COVERED INDIVIDUAL

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Coverage Term: October 1, 2024 to September 30, 2025

FORM MUST BE COMPLETED IN FULL

1. a) Name of Post _____ Post # _____

b) Post Address _____
Street City State Zip

2. a) Name of Person to be Covered _____

3. Position to be Covered _____

4. Coverage Amount Requested \$ _____

5. Number of Persons Covered 1

6. Number of Locations 1

7. Post - Annual Income _____

8. Has the post had any crime losses (Theft of Money by Employees) over the past three years? _____
If yes, provide a description along with the date and amount of loss. **No Coverage can be extended until Travelers reviews it.**

9. a) Have you ever been convicted of any dishonest or fraudulent employment related act, "for example" burglary, robbery, theft or embezzlement of funds of any kind. _____

b) If yes, explain _____

IF COVERAGE IS NOT RENEWED, TERMINATED, OR CANCELLED AT EXPIRATION DATE OF 10-1-2023, THE POST HAS ONLY 90 DAYS TO SUBMIT A PROOF OF LOSS FOR PRIOR TERM, AFTER 90 DAYS, PRIOR COVERAGE CEASES.

If this is a replacement for a current position, please advise what person you are replacing

Signed this _____ day of _____, _____.
(Day) (Month) (Year)

Signature: Person to be Covered

Form Must be Signed by Covered Person