



VETERANS OF FOREIGN WARS.

Department of South Dakota

5009 W. 12th St, Ste 6A Sioux Falls, South Dakota 57106

Phone 605-332-7441 Cell 605-695-5006

e-mail vfwsd@aol.com

Date: July 12, 2021
To: Post Quartermasters and Commanders
From: Department Adjutant/Quartermaster

BONDING

Enclosed is the Bond Application for 2021-2022 which needs to be into the State Headquarters by August 31 2021. The application has changed a little, **please complete all blanks** before sending into State Headquarters, a separate application is needed for each position (ex: Commander, Sr Vice, Jr Vice, etc.) Each bond application must be signed by either the Commander, Adjutant or Sr. Vice Commander.

The cost of Bonds is \$4.50 per \$1,000 coverage up to \$99,000 **with minimum coverage of \$3,000**. \$100,000 to \$349,000 is \$4.00 per \$1,000 and over \$349,000 is \$3.50 per \$1,000.

Bonding of Club Managers/Bingo Chairman/Employees

Please find enclosed a new simplified bond application for bonding Club Managers, Bingo Chairman or Club employees. **A new application must be submitted each year.** These supplies are for the bond term of October 1, 2021 to September 31, 2022. These applications can be photocopied for additional supplies. **Please issue a separate check for the club managers. Do not include with the quartermaster bond check.** Cost is \$7.00 a thousand up to \$25,000 (**\$3,000 minimum**). If bonding over \$25,000.00 please call State Headquarters for pricing.

We will be using the internet for the main communication source for contacting our Posts and Districts. So please contact the Department Headquarters with an email address that we can use as a contact point for your Post or District.

If you have any questions or concerns, please feel free to call Department Headquarters at 605-332-7441. Crystal & I will do our best to help out with any concerns you may have.

Yours in Comradeship,

Darwin Tolzin

Darwin Tolzin, Adjutant/Quartermaster
Department of South Dakota VFW



DEPARTMENT HEADQUARTERS
Veterans of Foreign Wars of the United States
TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA



Dear Comrade Commander:

Application for VFW Accountable Officers Crime Coverage

August 1, 2021

One of the most important communications you will receive during the year concerns the bond of your Unit Quartermaster. Section 703 of our 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 post. In any business it is customary to bond any officer handling funds. **THE BOOKS AND RECORDS OF THE ACCOUNTABLE OFFICER MUST BE AUDITED AT LEAST QUARTERLY BY THE TRUSTEES. THIS IS TO COMPLY WITH SECTION 218 OF THE NATIONAL MANUAL OF PROCEDURES.**

The Department Headquarters carries a schedule bond for the bonding of Department and Post Accountable Officers. This bond runs for a year – from September 1 to August 31 – premium payments are made on that basis. All bonds expire on August 31 and premium for New Year is due on September 1.

Any unit may decide whether it prefers to take out a bond with some other surety company or have its funds protected by the Department Headquarters schedule bond. But the matter should be given prompt attention because if your Accountable Officer had previously been bonded through the National Headquarters, **a new premium payment is required by September 1, 2021 and delinquent after this date.**

IF BOND IS NOT RENEWED, TERMINATED, OR CANCELLED AT EXPIRATION DATE OF 9-1-2021, THE POST HAS ONLY 90 DAYS TO SUBMIT A PROOF OF LOSS FOR PRIOR TERM, AFTER 90 DAYS PRIOR COVERAGE CEASES.

COVERAGES OF THE POLICY REQUIRE THAT:

1. You agree to make/or cause to be made, at least annually, an audit of your books and accounts, including complete verification of all securities and bank balances pertaining to each "employee and/ or volunteer".
If the above is not complied with, the Surety Company will refuse to honor claim of missing funds which cannot be proven by records. Monthly audits and reconciliation of bank statements may avoid this denial of claim.
2. The Surety Company will not pay for loss resulting from any unauthorized advances made by an "employee" to any member for delinquent dues and assessments.
3. "Employee" means any duly elected position or any appointed officer as listed in the policy schedule.
4. **POST MUST SUBMIT A PROOF OF LOSS FORM WITHIN 120 DAYS FROM THE FIRST DATE OF DISCOVERY OF THE LOSS. Proof of loss resulting from dishonest acts on the part of the bonded officer is required in settlement of claims.**

THIS BOND IS ONLY FOR THE YEAR SEPTEMBER 1, 2021 TO AUGUST 31, 2022.

The funds of your Post are protected only for that year. Premium for the following year will be due September 1, 2022.

RETURN THIS APPLICATION WITH YOUR PREMIUM CHECK PAYABLE TO YOUR DEPARTMENT HEADQUARTERS

Post # and State

I hereby apply for A1. Employee/Volunteer Theft (Bond) in the amount of \$ _____. for the position
of _____. For the year from September 1, 2021 through August 31, 2022.

Number of Persons Bonded: 1 Number of Locations: 1 Post Annual Income: \$ _____ Dated: _____

Has the post had any bond losses over the past three years? _____.
If yes, provide a description with date and amount of loss on a separate sheet.

DEADLINE FOR BONDING IS SEPTEMBER 1, 2021 – AFTER THIS DATE YOU WILL BE DELIQUENT AND NOT IN COMPLIANCE WITH THE VFW BY-LAWS.

QM or Commander or Adjutant or Sr.Vice Signature

Phone Number

Street Address and City



Tallman Insurance

A.1 Employee/Volunteer Theft (Dishonesty Bond)
VFW APPLICATION FOR CLUB EMPLOYEES &
BINGO TO BE COMPLETED BY BONDED
INDIVIDUAL

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Bond Term: October 1, 2021 to September 30, 2022

1. a) Name of Post _____ Post # _____

b) Post Address _____

2. a) Name of Person to be Bonded _____

3. Position to be Bonded _____ Bond Requested \$ _____

4. Number of Persons Bonded 1

5. Number of Locations 1

6. Post Annual Income _____

7. Has the post had any bond losses over the past three years? _____

If Yes, provide a description along with the date and amount of loss.

8. a) Have you ever been bankrupt or insolvent? _____

b) If yes, please give details in a separate confidential letter to the Insurance Company

9. a) Have you ever been convicted of a felony or misdemeanor? (Other than Traffic Violations) _____

b) If yes, explain _____

**IF BOND IS NOT RENEWED, TERMINATED, OR CANCELLED AT EXPIRATION DATE
OF 10-1-2021, 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 bonded, please advise what person you are
replacing**

_____.

.

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

Signature: Person to be Bonded

Form # 4B