



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, 2023 to September 30, 2024

1. a) Name of Post Post #

b) Post Address

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 coverage losses over the past three years?
If yes, provide a description along with the date and amount of loss.

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 # 4B