



INDIANA  
**WORKFORCE**  
DEVELOPMENT  
AND ITS **WorkOne** CENTERS

**FIDELITY BOND CERTIFICATION FORM**

**JOB PLACEMENT AGENCY:** Indiana Department of Workforce Development  
10 North Senate Avenue  
Indianapolis, IN 46204

**EMPLOYER RECEIVING BOND:** **DATE AFFIRMED** "a"aaaaaaaaaaaa

COMPANY/AGENCY NAME" \_\_\_\_\_ a \_\_\_\_\_

CONTACT PERSON NAME" \_\_\_\_\_ "NAICS CODE" a \_\_\_\_\_

CONTACT PHONE NUMBERaaaaaaaaaaaaaaaaaaaaa "FEIN" \_\_\_\_\_ " - " \_\_\_\_\_

ADDRESS" \_\_\_\_\_

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

**WORKER COVERED BY BOND** O\*NET OCCUPATIONAL CODE" \_\_\_ / \_\_\_ '0' \_\_\_

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

BOND EFFECTIVE DATE" aaaaaaaaaaaaaa "SOCIAL SECURITY LAST FOUR #" \_\_\_\_\_

**BOND INSURANCE AMOUNT** **TOTAL AMOUNT**

NEW \$ " \_\_\_\_,000 (\$5,000, \$10,000, \$15,000, \$20,000 OR \$25,000)  
RENEWAL

\_\_\_\_\_" aaaaaaaaaaaaaaaaaaaaaaaaaa  
REQUESTER'S SIGNATURE TELEPHONE #

REQUESTER'S ORGANIZATION

ADDRESS/CITY/STATE/ZIP

**OFFICAL BOND INSURANCE STAMP (S)\***

**\*Affirm one stamp for each \$5,000 of bond insurance issues (e.g., minimum total bond issue is \$5,000 & requires only one (1) stamp and maximum is \$25,000 & requires five (5) stamps).**

\_\_\_\_\_" a"aaaaaaaaaaaaaaaaaaaaaaaaa  
SIGNATURE (FEDERAL BONDING PROGRAM COORDINATOR) TELEPHONE #

.....(Justification on back and additional pages can be attached)

**JUSTIFICATION FOR ISSUE OF BOND:**

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**OPERATIONAL DEFINITIONS**

**EMPLOYER RECEIVING BOND and DATE AFFIRMED:** This is the date that the employer agreed (verbally) to hire a job applicant on condition that a Fidelity Bond would be issued to the employer. This date cannot be later than the applicant’s first day of work (see BOND EFFECTIVE DATE BELOW), but can be the same day that the applicant is scheduled to start work.

**WORKER COVERED BY BOND:** This is any job applicant who an employer may consider “high-risk” due to being an ex-offender, including anyone with a record of arrest, conviction or imprisonment, and anyone who has ever been on probation or parole. Also, “high-risk” may include recovering substance abusers (alcohol and/or drug abuse), welfare recipients and other persons having a poor credit record or who have declared bankruptcy, economically disadvantaged who lack a work history and individuals who were dishonorably discharged from the military. Also, there may be other reasons the person lacks personal credibility which is a barrier to employment that can be removed by issuance of a Fidelity Bond.

**BOND EFFECTIVE DATE:** This is the date scheduled by the employer as the first day of work for the job applicant. The bond insurance begins on the date and remains in effect for a six-month duration.

**BOND INSURANCE AMOUNT:** This is the dollar amount of insurance provided by the Fidelity Bond to protect the employer against any employee dishonesty. The TOTAL AMOUNT identified can be \$5,000, \$10,000, \$15,000, \$20,000 or \$25,000 (no other amounts are acceptable; \$5,000 is the minimum bond amount; \$25,000 is the maximum). It should be noted that the bond issued has no deductible amount; therefore, the employer receives coverage for the full bond insurance amount.

**NEW or RENEWAL:** This space is to be designated with a “check mark” whether the bond issues is NEW, i.e., first time a bond is being issued to the employer to cover the specific worker, or is a RENEWAL, i.e., a second six-months of free insurance is being issued to the employer covering the same worker.

**OFFICIAL BOND INSURANCE STAMP(S):** The organization that purchased a Fidelity Bond package for The McLaughlin Company was provided a set of stamps, one or more of which is to be affixed to each FIDELITY BOND CERTIFICATION FORM, whether now or at renewal. Each stamp represents one unit of bonding/\$5,000 insurance coverage for six-month duration.

**SIGNATURE:** This is the person preparing the form and who will forward it to the Indiana Federal Bonding Program Coordinator. The phone number of the person preparing and forwarding the form must be provided.