



# FRATERNAL ORDER OF POLICE

## FIDELITY INSURANCE PROGRAM



### ABOUT THE PROGRAM:

Article 19 of the FOP Constitution and Bylaws **requires** each state and local lodge to maintain employee dishonesty coverage to protect lodge funds from dishonest acts by lodge members.

This program fulfills this requirement and offers the following coverage features:

- 3 Year Prepaid Policy (Kentucky lodges must add a 1.5% surcharge to premium)
- Optional Limits and Deductibles (See Attached)
- Broadest definition of covered Employees and Financial Loss.
- Automatic Renewal – No new application required for loss free lodges.

### UNDERWRITTEN BY:

Hartford Fire Insurance Company–Rated **A+** by A.M. Best Company

### COVERAGE:

Blanket Employee Dishonesty Coverage– Insures for loss of money, securities and other property caused by fraudulent or dishonest acts of any employee against the FOP Lodge.

Definition of Employee includes all officers, directors, volunteers and committee chairpersons whether compensated or not.

**AVAILABILITY:** Available to F.O.P. lodges in all states, except Hawaii

**HOW TO ENROLL:** Mail completed application along with premium payment to:

Hylant Group. Inc.  
F.O.P. Fidelity Bond  
P.O. Box 1687  
Toledo, OH 43603-1687  
Phone: 1-800-341-6038 Fax: 1-419-255-7557  
Website: [www.fophylant.com](http://www.fophylant.com)

### EFFECTIVE DATE OF COVERAGE:

1. Coverage will be effective upon receipt and review of a completed application and payment.
2. Policies will be mailed from The Hartford within 15 days of your coverage effective date.

**The Company reserves the right to decline coverage after review of the application.**





# F.O.P. - FIDELITY INSURANCE APPLICATION

Please complete and return this application with your check made payable to: Hylant Group, Inc., F.O. P. Fidelity Bond, P.O. Box 1687, Toledo, OH 43606-1687

Phone: (800)-341-6038 \* Fax (419)-255-7557 \* [www.fophylant.com](http://www.fophylant.com)

Lodge Name and Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

1. Are at least two signatures required on checks?  Yes  No
2. Do employees who reconcile monthly bank statements also sign checks?  Yes  No
3. Do employees who reconcile monthly bank statements handle bank deposits?  Yes  No
4. Do employees who reconcile monthly bank statements have access to check signing machines or signature plates?  Yes  No
5. Is an Independent Certified Public Accountant involved in the applicant's financial reporting?  Yes  No
6. Has any similar Fidelity insurance been declined or cancelled during the past three years?  Yes  No
7. Have there been any losses discovered or sustained in the last three years?  Yes  No
8. Is similar coverage currently in place?  Yes  No

### LIMIT & DEDUCTIBLE OPTIONS (Please Indicate below):

<u>Limit</u>	<u>Deductible</u>	<u>3-Year Prepaid Premium*</u>
		<b><u>Kentucky Lodges Must Add 1.5% Surcharge</u></b>
\$25,000 <input type="checkbox"/>	\$250	\$305
\$50,000 <input type="checkbox"/>	\$500	\$429
\$100,000 <input type="checkbox"/>	\$1,000	\$591
\$200,000 <input type="checkbox"/>	\$2,000	\$716
\$300,000 <input type="checkbox"/>	\$3,000	\$845

\*Premium is considered fully earned at coverage inception. **Requested Effective Date:** \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Print Name and Title

Date \_\_\_\_\_

**The company reserves the right to decline coverage after review of the application.**