



12890 Lebanon Road  
 Mount Juliet, TN 37122  
 PHONE 615-250-3040  
 FAX 615-553-9502

[www.LexonSurety.com](http://www.LexonSurety.com)

**BUSINESS SERVICES BOND APPLICATION**

APPLICANT: _____		
NAME OF BUSINESS: _____		
NATURE OF BUSINESS: _____		
BUSINESS ADDRESS: _____		
CITY	STATE	ZIP
MAILING ADDRESS: _____		
CITY	STATE	ZIP
APPLICANTS PHONE NUMBER: _____		EMAIL: _____

Have you sustained any employee dishonesty losses in the last 6 years? <i>If so, please give details in a separate letter.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Exact number of owners: _____ Are owners to be covered?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Exact number of Employees (both full and part time): _____		

Amount of Coverage Requested: <i>Subject to \$100 deductible.</i>	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> 1-year bond <input type="checkbox"/> 3-year bond
<i>*Contains a Criminal Conviction Clause.</i>					

Desired Effective Date		Date your bond becomes effective.
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<b>AGENT INFORMATION</b>			
Agency/Agent Name			
Agent Address			
	City	State	Zip
Phone:	Email:		

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application of files a claim containing a false or deceptive statement is guilty of insurance fraud.

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