# Questionnaire for Club Employees & Bingo Persons

A.1 Employee/Volunteer Theft (Crime Coverage)
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
**Coverage Term: October 1, 2026 to September 30, 2027**

1. **Name of Post** _____ **Post #** _____

**Post Address** _____
Street City State Zip

2. **Name of Person Covered:** _____

3. **Position to be Covered:** _____

4. **Coverage Amount Requested:** $_____

5. **Post Annual Income:** $_____

6. **Has the post had any crime losses (Theft of Money by Employee/ Volunteer) over the past 3 years?** YES ☐ NO ☐

**If yes, please contact your Department for a Loss Questionnaire.** No coverage can be extended until approved by insurance carrier.

**7. Has the employee/volunteer ever been convicted of a dishonest or fraud employment related act?** YES ☐ NO ☐

If yes, explain: _____

_____

***8. If this is a replacement for a current position, please advise who you are replacing :*** _____

**Number of Persons Covered:** 1 **Number of Locations:** 1

_____
**Printed Name of Covered Person**

_____ _____
**Signature of Covered Person** **Date**

**Contact Phone #**_____

**NOTE** : Questionnaire is not valid unless all questions are answered. Coverage may be postponed if not completed in **FULL**.
IF COVERAGE IS NOT RENEWED, TERMINATED, OR CANCELLED AT EXPIRATION DATE OF 10-1-2026, THE POST HAS ONLY 90 DAYS TO SUBMIT A PROOF OF LOSS FOR PRIOR TERM, AFTER 90 DAYS, PRIOR COVERAGE CEASES.
Form 4B - Revised 2026