



APPLICATION FOR BUSINESS SERVICES BOND

Independent Contractors of Nurse Registries

PLEASE PRINT OR TYPE LEGIBLY

Name of Insured(s):

Insured Address:

Total Number
Desiring Coverage

Independent Contractors

Have you sustained any employee dishonesty losses in the last 6 years?

No

Yes – give date(s), amount(s), employee’s name(s) and action(s) taken.

Coverage is not effective until application is accepted by the company underwriter.

To Order a Bond

Completed application can be faxed to **800 915 3922** or emailed to **info@sabalinsurance.com**

For assistance with this application, please contact your agent at **800 716 9948**

Limit of Coverage per Caregiver:

\$ 2,500

To be effective _____

Agent Name and Address

Sabal Insurance Group
 1000 East Broward Blvd
 Fort Lauderdale, FL 33301
 Phone: (954) 828-9948
 Fax: (954) 828-9949

 Signature of Applicant Date