



Tallman Insurance

A.1 Employee/Volunteer Theft (Crime Coverage)
VFW QUESTIONNAIRE FOR CLUB EMPLOYEES &
BINGO PERSONS TO, BE COMPLETED BY
COVERED INDIVIDUAL

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Coverage Term: October 1, 2024 to September 30, 2025

FORM MUST BE COMPLETED IN FULL

1. a) Name of Post _____ Post # _____

b) Post Address _____
Street City State Zip

2. a) Name of Person to be Covered _____

3. Position to be Covered _____

4. Coverage Amount Requested \$ _____

5. Number of Persons Covered _____ 1 _____

6. Number of Locations _____ 1 _____

7. Post - Annual Income _____

8. Has the post had any crime losses (Theft of Money by Employees) over the past three years? _____
If yes, provide a description along with the date and amount of loss. No Coverage can be extended
until Travelers reviews it.

9. a) Have you ever been convicted of any dishonest or fraudulent employment related act, "for
example" burglary, robbery, theft or embezzlement of funds of any kind. _____

b) If yes, explain _____

IF COVERAGE IS NOT RENEWED, TERMINATED, OR CANCELLED AT
EXPIRATION DATE OF 10-1-2024, THE POST HAS ONLY 90 DAYS TO SUBMIT A PROOF
OF LOSS FOR PRIOR TERM, AFTER 90 DAYS, PRIOR COVERAGE CEASES.

If this is a replacement for a current position, please advise what person you are replacing

_____.

Signed this _____ day of _____, _____.
(Day) (Month) (Year)

Signature: Person to be Covered

Form Must be Signed by Covered Person