

July 15, 2023

TO: POST QUARTERMASTER
FROM: DEPARTMENT QUARTERMASTER ERVIN YODER
SUBJECT: CLUB MANAGER BOND

Please find enclosed new simplified bond applications for bonding Club Managers, Bingo Chairmen or Club Employees. **A new application must be submitted each year.** These supplies are for the bond term of October 1, 2023 to September 30, 2024. These applications can be photocopied for additional supplies.

The By-Laws, Section 703, states that each accountable officer of the organization shall be bonded. **All officers and committee chairmen handling post monies are required to be bonded.**

All Bond Applications must be received at headquarters by October 31, 2023.

Please remember that the bond is a Named Position Schedule Bond protecting the position of Club Manager and other Club Employees and Volunteers such as bartender, bar manager, canteen manager or house chairmen. This bond also can protect any **legal** Gambling operations such as Bingo, Games of Chance and Slot Machines. If there is more than one person the club wishes to bond, they merely identify their position, fill out the application and send it to us with the individual premium per person.

We will accept bonds after November 30, 2023 as per procedures below.

Any Consolidated Application received in **December** and mailed to our office with a postmark date by **December 31, 2023**, will be effective **December 1, 2023** and I will send you a Certificate with dates of **December 1, 2023 to September 30, 2024** so you can complete and send to your posts.

If Bond is not renewed, terminated, or cancelled at Expiration Date of 10-1-2023, the post has only 90 days to submit a proof of loss for prior term, after 90 days prior coverage ceases.

Thank you for your cooperation of the aforementioned regulations, if you have any questions, please **feel free to call Department 614-224-1838.**

VFW CLUB MANAGERS AND BINGO RATE SCHEDULE

Rates - \$7.00 Per Thousand with a minimum of \$3000.00

\$3,000.00	\$21.00	\$21,000.00	\$147.00
\$4,000.00	\$28.00	\$22,000.00	\$154.00
\$5,000.00	\$35.00	\$23,000.00	\$161.00
\$6,000.00	\$42.00	\$24,000.00	\$168.00
\$7,000.00	\$49.00	\$25,000.00	\$175.00
\$8,000.00	\$56.00	\$26,000.00	\$182.00
\$9,000.00	\$63.00	\$27,000.00	\$189.00
\$10,000.00	\$70.00	\$28,000.00	\$196.00
\$11,000.00	\$77.00	\$29,000.00	\$203.00
\$12,000.00	\$84.00	\$30,000.00	\$210.00
\$13,000.00	\$91.00	\$31,000.00	\$217.00
\$14,000.00	\$98.00	\$32,000.00	\$224.00
\$15,000.00	\$105.00	\$33,000.00	\$231.00
\$16,000.00	\$112.00	\$34,000.00	\$238.00
\$17,000.00	\$119.00	\$35,000.00	\$245.00
\$18,000.00	\$126.00	\$36,000.00	\$252.00
\$19,000.00	\$133.00	\$37,000.00	\$259.00
\$20,000.00	\$140.00	\$38,000.00	\$266.00

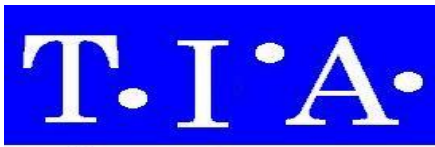
⇒ A SPECIAL BOND APPLICATION MUST BE COMPLETED BY THE EMPLOYEE AND THE EMPLOYER. APPLICATIONS ARE AVAILABLE UPON REQUEST FROM DEPARTMENT HEADQUARTERS.

⇒ RETURN COMPLETED APPLICATION, EMPLOYERS STATEMENT AND ANNUAL PREMIUM TO YOUR STATE QUARTERMASTER.

MAIL TO: VFW, DEPT. OF OHIO
35 E. Chestnut St.
Suite 506
COLUMBUS, OHIO 43215-0219

PLEASE NOTE: THE ABOVE PRICES DO NOT APPLY TO POST QUARTERMASTERS.

QUARTERMASTER BONDS ARE SEPARTATE



Tallman Insurance

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

TRAVELERS CASUALTY AND SURETY COMPANY OF

AMERICA Bond Term: October 1, 2023 to September 30, 2024

1. a) Name of Post Post #

b) Post Address

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 losses over the past three years?
If yes, provide a description along with the date and amount of loss.

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 BOND IS NOT RENEWED, TERMINATED, OR CANCELLED AT EXPIRATION
DATE OF 10-1-2023, 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 # 4B