

# VETERANS OF FOREIGN WARS OF THE UNITED STATES



DEPARTMENT OF OHIO

Richard Curry  
Quartermaster/Adjutant

Kari E. Pfeifer  
State Commander

The Men and Women of the VFW  
We'd do anything for this country

July 31, 2024

Attention Post Commanders and Quartermasters

SUBJECT: Post and District Quartermaster Bonds


Section 703 of the National By-Laws, (2024 edition page 39) specifically requires that Officers accountable for funds or property are bonded with an Indemnity Company with Surety equal to the amount of funds they are accountable for. **(See Note Below)**

**Surety Bond are the operative words.**

Employee Theft, while a good idea, does not satisfy the By-Laws.

The difference: With employee theft insurance you must first prosecute and prove in a court of law that the individual(s) is guilty. This may take years and even if proven guilty, you may not recover your money. The Post may also incur additional legal expenses in prosecuting the individual(s).

A Surety Bond will pay you immediately if you can prove there is a reasonable expectation that the theft accrued. Then the Bond Company will prosecute the individual(s) to recover their costs.



RICHARD CURRY  
STATE ADJUTANT

**Note: Section 218 (a) para 5, specifically states that the Post Quartermaster shall have charge of all funds of the Post and shall be the Accountable Officers and Treasurer of all committees handling funds. This includes the Canteen.**

# QUARTERMASTER BONDS-OHIO

## \$4.25 PER THOUSAND UP TO 25000.00

\$3,000.00 .....	\$12.75
\$4,000.00 .....	\$17.00
\$5,000.00 .....	\$21.25
\$6,000.00 .....	\$25.50
\$7,000.00 .....	\$29.75
\$8,000.00 .....	\$34.00
\$10,000.00 .....	\$42.50
\$11,000.00 .....	\$46.75
\$12,000.00 .....	\$51.00
\$13,000.00 .....	\$55.25
\$14,000.00 .....	\$59.50
\$15,000.00 .....	\$63.75
\$16,000.00 .....	\$68.00
\$17,000.00 .....	\$72.25
\$18,000.00 .....	\$76.50
\$19,000.00 .....	\$80.75
\$20,000.00 .....	\$85.00
\$21,000.00 .....	\$89.25
\$22,000.00 .....	\$93.50
\$24,000.00 .....	\$102.00
\$25,000.00 .....	\$106.25

## 3.75 PER THOUSAND 26000.00 AND OVER

\$26,000.00 .....	\$97.50
\$27,000.00 .....	\$101.25
\$28,000.00 .....	\$105.00
\$29,000.00 .....	\$108.75
\$30,000.00 .....	\$112.50
\$31,000.00 .....	\$116.25
\$32,000.00 .....	\$120.00
\$33,000.00 .....	\$123.75
\$34,000.00 .....	\$127.50
\$35,000.00 .....	\$131.25
\$36,000.00 .....	\$135.00
\$37,000.00 .....	\$138.75
\$38,000.00 .....	\$142.50
\$39,000.00 .....	\$146.25
\$40,000.00 .....	\$150.00
\$41,000.00 .....	\$153.75
\$42,000.00 .....	\$157.50
\$43,000.00 .....	\$161.25
\$44,000.00 .....	\$165.00
\$45,000.00 .....	\$168.75
\$46,000.00 .....	\$172.50
\$47,000.00 .....	\$176.25
\$48,000.00 .....	\$180.00
\$49,000.00 .....	\$183.75
\$50,000.00 .....	\$187.50
\$55,000.00 .....	\$206.25
\$60,000.00 .....	\$225.00
\$65,000.00 .....	\$243.75
\$70,000.00 .....	\$262.50
\$75,000.00 .....	\$281.25
\$80,000.00 .....	\$300.00
\$90,000.00 .....	\$337.50
\$100,000.00 .....	\$375.00
\$105,000.00 .....	\$393.75
\$110,000.00 .....	\$412.50
\$115,000.00 .....	\$431.25
\$120,000.00 .....	\$450.00
\$125,000.00 .....	\$468.75

\*\*\*\*\*MAKE CHECKS PAYABLE TO:

VFW DEPT. OF OHIO  
35 E. CHESTNUT ST.  
STE #506  
COLUMBUS, OHIO 43215

**FOR: QM BONDS ONLY + Employee**

**MINIMUM BOND IS \$3000.00 FOR \$12.75**





DEPARTMENT HEADQUARTERS  
Veterans of Foreign Wars of the United States  
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA



Dear Comrade Commander:

Questionnaire for VFW Accountable Officers Crime Coverage

August 1, 2024

One of the most important communications you will receive during the year concerns the bond of your Unit Quartermaster. Section 703 of our National By-Laws requires that each accountable officer shall be bonded with an Indemnity Company as surety and the By-Laws places the responsibility for adequate bonding upon the Commander of the post. In any business it is customary to bond any officer handling funds. **THE BOOKS AND RECORDS OF THE ACCOUNTABLE OFFICER MUST BE AUDITED AT LEAST QUARTERLY BY THE TRUSTEES. THIS IS TO COMPLY WITH SECTION 218 OF THE NATIONAL MANUAL OF PROCEDURES.**

The Department Headquarters carries a Crime Policy for the bonding of Department and Post Accountable Officers. This Policy runs for a year – from September 1 to August 31 – premium payments are made on that basis. Coverage for all accountable officers expires on August 31 and premium for the New Year is due on September 1.

Any unit may decide whether it prefers to take out a Policy with some other surety company or have its funds protected by the Department Headquarters Crime Policy. But the matter should be given prompt attention because if your Accountable Officer had previously been covered through the National Headquarters, a new premium payment is required by September 1, 2024 and delinquent after this date.

**IF THE POLICY IS NOT RENEWED, TERMINATED, OR CANCELLED AT EXPIRATION DATE OF 9-1-2024, THE POST HAS ONLY 90 DAYS TO SUBMIT A PROOF OF LOSS FOR PRIOR TERM. AFTER 90 DAYS PRIOR COVERAGE CEASES.**

**COVERAGES OF THE POLICY REQUIRE THAT:**

1. You agree to make/or cause to be made, at least annually, an audit of your books and accounts, including complete verification of all securities and bank balances pertaining to each "employee and/ or volunteer".

If the above is not complied with, the Insurance Company will refuse to honor claim of missing funds which cannot be proven by records. Monthly audits and reconciliation of bank statements may avoid this denial of claim.

2. The Insurance Company will not pay for loss resulting from any unauthorized advances made by an "employee" to any member for delinquent dues and assessments.
3. "Employee" means any duly elected position, or any appointed officer as listed in the policy schedule.
4. **POST MUST SUBMIT A PROOF OF LOSS FORM WITHIN 120 DAYS FROM THE FIRST DATE OF DISCOVERY OF THE LOSS.** Proof of loss resulting from dishonest acts on the part of the bonded officer is required in settlement of claims.

**THIS POLICY IS ONLY FOR THE YEAR SEPTEMBER 1, 2024 TO AUGUST 31, 2025.**

**The funds of your Post are protected only for that year. Premium for the following year will be due September 1, 2025.**

RETURN THIS QUESTIONNAIRE WITH YOUR PREMIUM CHECK PAYABLE TO YOUR DEPARTMENT HEADQUARTERS

\_\_\_\_\_  
Post # and State

I hereby apply for A1. Employee/Volunteer Theft coverage in the amount of \$ \_\_\_\_\_ for the position of \_\_\_\_\_. For the year from September 1, 2024 through August 31, 2025.

Number of Persons Bonded: 1      Number of Locations: 1      Post Annual Income: \$ \_\_\_\_\_      Dated: \_\_\_\_\_

**Has the post had any Crime Coverage (employee/ volunteer theft of money) losses over the past three years? \_\_\_\_\_**

If yes, provide a description with date & amount of loss on a separate sheet & what changes you have made so this does not happen again.

**No Coverage can be extended until Travelers reviews and approves it.**

**DEADLINE FOR COVERAGE IS SEPTEMBER 1, 2024 – AFTER THIS DATE YOU WILL BE DELIQUENT AND NOT IN COMPLIANCE WITH THE VFW BY-LAWS.**

\_\_\_\_\_  
QM or Commander or Adjutant or Sr.Vice Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address, City and Zip

DEPARTMENT HEADQUARTERS  
**Veterans of Foreign Wars of the United States**  
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

For any request to increase limits mid-term for VFW Accountable Officers Crime Coverage and/ or Club Manager Crime Coverage each Post must provide an Increase Crime Limit Statement below:

I hereby apply for an increase for A1. Employee/Volunteer Theft Coverage in the new total amount of

\$ \_\_\_\_\_ for the position of \_\_\_\_\_

Regarding the request for an increased crime limit, we affirm that we have had no losses and no claims (or knowledge of such matter) which would influence the coverage provided hereunder.

Please note that submission of this questionnaire does not guarantee the coverage limit increase requested.

\_\_\_\_\_  
Post # and Location (City & State)

\_\_\_\_\_  
QM or Commander or Adjutant or Sr. Vice Signature

\_\_\_\_\_  
Date



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**



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I hereby apply for an increase for A1. Employee/Volunteer Theft Coverage in the new total amount of  
\$ \_\_\_\_\_ for the position of \_\_\_\_\_

Regarding the request for an increased crime limit, we affirm that we have had no losses and no claims (or knowledge of such matter) which would influence the coverage provided hereunder.

Please note that submission of this questionnaire does not guarantee the coverage limit increase requested.

\_\_\_\_\_  
Post # and Location (City & State)

\_\_\_\_\_  
QM or Commander or Adjutant or Sr. Vice Signature

\_\_\_\_\_  
Date