



**TEXAS BUSINESS SERVICES BOND APPLICATION  
FOR JANITORIAL SERVICE COMPANIES**

Name of Business:		Phone:
Contact Name:		
Address:		
City:	State:	Zip:
Amount of Coverage: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000		
Term: <input type="checkbox"/> 1-Year Bond <input type="checkbox"/> 3- Year Bond (reduced rate of 2.7 x annual premium)		

Have you sustained any employee dishonesty losses in the last 6 years?    Yes    No  
 If so, please give us all the details in a letter.

Exact Number of Owners \_\_\_\_\_ Are owners to be covered?    Yes    No

Exact Number of Employees (Both full and part-time) \_\_\_\_\_

Date:	<b>The effective date of the bond will be the date the bond is issued.</b>
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**Payment Method:**    VISA    Mastercard    Discover    Check

If paying by check, the bond will be issued upon receipt of payment to our office. Check should be made payable to James Stafford Insurance Agency and include overnight delivery fee, if requested, and mail to the following address:  
 James Stafford Insurance Agency  
 3621B Broadway Blvd.  
 Garland, TX 75043

Exact Name as appears on card:	Billing Address:	
Card Number (16 Digits)	Card Expiration Date	Three Digit Security Code

Method of Deliver:  
 **Regular Mail (no extra charges)**    **Priority Mail (\$8.00 fee)**    **Overnight Delivery (\$18.50 fee)**

Authorized Charge Amount (Please include delivery fee if applicable)  
 \$ \_\_\_\_\_

Your CNA Surety Agent is:

**James Stafford Insurance Agency**  
 1562 NW Access Rd.  
 Mount Vernon, TX 75457  
**(906) 537-2819**  
**Toll Free: 1-888-869-4904**  
 Fax: 1-888-475-4437  
 jstafford@bondsonlinetexas.com

**Agent's Code: 4 2 - 2 2 7 6 9**

**Instructions:**

1. Complete this application.
2. Once complete, you may send the form by the following methods:
  - a. Mail application with a check for the annual premium to the agents office
  - b. Fax or Email the completed application to our office with credit card information for payment.
3. Once received, your bond is issued on the same day.
4. Your bond is sent to you by regular mail or for an additional fee we can send by overnight delivery.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

#/ of Emp	\$2,500.00	\$5,000.00	\$10,000.00	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00
5/less	\$ 62.57	\$ 76.61	\$ 105.31	\$ 191.41	\$ 276.29	\$ 337.66	\$ 374.00
6	\$ 66.71	\$ 81.70	\$ 112.35	\$ 204.29	\$ 294.92	\$ 360.43	\$ 399.25
7	\$ 71.88	\$ 88.07	\$ 121.15	\$ 220.38	\$ 318.21	\$ 388.89	\$ 430.82
8	\$ 76.02	\$ 93.16	\$ 128.18	\$ 233.26	\$ 336.84	\$ 411.66	\$ 456.07
9	\$ 81.20	\$ 99.52	\$ 136.98	\$ 249.35	\$ 360.13	\$ 440.12	\$ 487.64
10	\$ 86.37	\$ 105.89	\$ 145.78	\$ 265.45	\$ 383.42	\$ 468.59	\$ 519.21
11	\$ 90.51	\$ 110.98	\$ 152.82	\$ 278.32	\$ 402.05	\$ 491.36	\$ 544.46
12	\$ 94.65	\$ 116.07	\$ 159.86	\$ 291.20	\$ 420.68	\$ 514.13	\$ 569.72
13	\$ 99.83	\$ 122.44	\$ 168.65	\$ 307.29	\$ 443.96	\$ 542.59	\$ 601.28
14	\$ 105.00	\$ 128.81	\$ 177.45	\$ 323.39	\$ 467.25	\$ 571.05	\$ 632.85
15	\$ 109.14	\$ 133.90	\$ 184.49	\$ 336.26	\$ 485.88	\$ 593.82	\$ 658.10
16	\$ 114.32	\$ 140.26	\$ 193.29	\$ 352.35	\$ 509.17	\$ 622.28	\$ 689.67
17	\$ 119.49	\$ 146.63	\$ 202.08	\$ 368.45	\$ 532.46	\$ 650.75	\$ 721.24
18	\$ 123.63	\$ 151.72	\$ 209.12	\$ 381.32	\$ 551.09	\$ 673.52	\$ 746.49
19	\$ 128.81	\$ 158.09	\$ 217.92	\$ 397.42	\$ 574.37	\$ 701.98	\$ 778.06
20	\$ 132.95	\$ 163.18	\$ 224.96	\$ 410.29	\$ 593.00	\$ 724.75	\$ 803.31
21	\$ 138.12	\$ 169.54	\$ 233.75	\$ 426.39	\$ 616.29	\$ 753.21	\$ 834.88
22	\$ 143.30	\$ 175.91	\$ 242.55	\$ 442.48	\$ 639.58	\$ 781.67	\$ 866.45
23	\$ 147.44	\$ 181.00	\$ 249.59	\$ 455.36	\$ 658.21	\$ 804.44	\$ 891.70
24	\$ 152.61	\$ 187.37	\$ 258.39	\$ 471.45	\$ 681.50	\$ 832.91	\$ 923.27
25	\$ 156.75	\$ 192.46	\$ 265.43	\$ 484.33	\$ 700.13	\$ 855.68	\$ 948.53
26	\$ 161.93	\$ 198.82	\$ 274.22	\$ 500.42	\$ 723.41	\$ 884.14	\$ 980.09
27	\$ 167.10	\$ 205.19	\$ 283.02	\$ 516.52	\$ 746.70	\$ 912.60	\$ 1,011.66
28	\$ 171.24	\$ 210.28	\$ 290.06	\$ 529.39	\$ 765.33	\$ 935.37	\$ 1,036.91
29	\$ 176.42	\$ 216.65	\$ 298.86	\$ 545.49	\$ 788.62	\$ 963.83	\$ 1,068.48
30	\$ 180.56	\$ 221.74	\$ 305.89	\$ 558.36	\$ 807.25	\$ 986.60	\$ 1,093.74
31	\$ 185.73	\$ 228.10	\$ 314.69	\$ 574.46	\$ 830.54	\$ 1,015.07	\$ 1,125.30
32	\$ 190.91	\$ 234.47	\$ 323.49	\$ 590.55	\$ 853.82	\$ 1,043.53	\$ 1,156.87
33	\$ 195.05	\$ 239.56	\$ 330.53	\$ 603.42	\$ 872.45	\$ 1,066.30	\$ 1,182.12
34	\$ 200.22	\$ 245.93	\$ 339.32	\$ 619.52	\$ 895.74	\$ 1,094.76	\$ 1,213.69
35	\$ 204.36	\$ 251.02	\$ 346.36	\$ 632.39	\$ 914.37	\$ 1,117.53	\$ 1,238.95
36	\$ 209.54	\$ 257.38	\$ 355.16	\$ 648.49	\$ 937.66	\$ 1,145.99	\$ 1,270.51
37	\$ 214.71	\$ 263.75	\$ 363.96	\$ 664.58	\$ 960.95	\$ 1,174.46	\$ 1,302.08
38	\$ 218.85	\$ 268.84	\$ 371.00	\$ 677.46	\$ 979.58	\$ 1,197.23	\$ 1,327.34
39	\$ 224.03	\$ 275.21	\$ 379.79	\$ 693.55	\$ 1,002.86	\$ 1,225.69	\$ 1,358.90
40	\$ 228.17	\$ 280.30	\$ 386.83	\$ 706.43	\$ 1,021.49	\$ 1,248.46	\$ 1,384.16

Next 60 employees add \$3.65 each  
Next 100 employees add \$3.11 each  
Next 200 employees add \$2.10 each  
All employees over 400 - \$1.05 each

Above rates are examples and subject to change without notice.  
\*Includes all employees. If owners covered, the premium is based on the total number of all employees and owners.