

FIDELITY BOND CERTIFICATION FORM

(see reverse side for operational definitions)

SEND TO: REINA WRIGHT, COLORADO DEPARTMENT OF LABOR
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www.coworkforce.com/emp/federal_bonding_program.asp

JOB PLACEMENT AGENCY

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

EMPLOYER RECEIVING BOND: DATE AFFIRMED _____ / _____ / _____

COMPANY/AGENCY NAME _____

CONTACT PERSON NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

WORKER COVERED BY BOND

LAST NAME _____ FIRST NAME _____

BOND EFFECTIVE DATE _____ / _____ / _____ SOC. SECURITY # _____ - _____ - _____
MO. DAY YEAR

BOND INSURANCE AMOUNT : _____ **TOTAL AMOUNT** _____

NEW _____

RENEWAL _____

\$ _____ , 000

\$5,10,15,20, or 25K

OFFICIAL BOND INSURANCE STAMP(S)*

* Affix one stamp for each \$5,000 of bond insurance issued (e.g., minimum total bond issued is \$5,000 & requires only 1 stamp; maximum total bond is \$25,000 & requires 5 stamps).

SIGNATURE (JOB PLACEMENT STAFF) () TELEPHONE #