



TO: All Districts and Posts

Date: June 25, 2024

Subject: Instructions for filling out Bond Forms

1. Instructions for each VFW Accountable Officer that handles funds.

(Always the Quartermaster, but may include the Commander or Assistant Quartermaster).

- a. Must use **Form No. 2** marked on the lower left side of page only. **Do not use the TIA Form**
- b. The pricing is the same for the Accountable Officer as well as the Canteen Employees.
- c. Commander, Adjutant or Senior Vice Commander must sign the form
- d. The completed form must be sent to Department headquarters with a check or credit card information.

2. Instructions for each Employee(s)/Volunteer(s) that handle funds.

- a. Must use the **T-I-A Tallman Insurance Employee form.**
- b. The pricing is the same for the Accountable Officer as well as the Canteen Employees
- c. The form is filled out and signed by the employee.
- d. The completed form must be sent to Department Headquarters with a check or credit card information.

3. The Cover Sheet is used to add all VFW Accountable Officers and Employees bond costs.

- a. Total all VFW Accountable Officers and Employees bond amount.
- b. Assemble your bond package, the VFW Accountable Officer form(s) and Employee form(s) with a check or credit card information for the total of all bonds.
- c. Mail or email (email only with credit card) your bond package to Department Headquarters.
- d. All bonds must be submitted by **August 31, 2024**

4. Please call Department Quartermaster Jenn Hutt with any questions at **919-828-5058.**

Mail To: VFW, Dept. of N.C.
PO Box 25337
Raleigh, N.C. 27611

Email To: qm@vfwnc.com

ACCOUNTABLE OFFICER AND CANTEEN EMPLOYEE BOND PRICING FOR FY 2023/2024

Bond	Cost	Bond Amount	Cost	Bond Amount	Cost	Bond Amount	Cost						
\$2000 or less	\$ 15.00	40,000	\$ 180.00	258,000	\$ 645.00	502,000	\$ 1,004.00						
3,000	\$ 21.00	50,000	\$ 225.00	259,000	\$ 648.00	503,000	\$ 1,006.00						
4,000	\$ 28.00	60,000	\$ 270.00	260,000	\$ 650.00	504,000	\$ 1,008.00						
5,000	\$ 35.00	70,000	\$ 315.00	261,000	\$ 700.00	505,000	\$ 1,010.00						
6,000	\$ 42.00	80,000	\$ 360.00	270,000	\$ 675.00	506,000	\$ 1,012.00						
7,000	\$ 49.00	90,000	\$ 405.00	280,000	\$ 700.00	507,000	\$ 1,014.00						
8,000	\$ 56.00	100,000	\$ 450.00	290,000	\$ 725.00	508,000	\$ 1,016.00						
9,000	\$ 63.00	110,000	\$ 495.00	300,000	\$ 750.00	509,000	\$ 1,018.00						
10,000	\$ 70.00	120,000	\$ 540.00	310,000	\$ 775.00	510,000	\$ 1,020.00						
11,000	\$ 77.00	130,000	\$ 585.00	320,000	\$ 800.00	520,000	\$ 1,040.00						
12,000	\$ 84.00	140,000	\$ 630.00	330,000	\$ 825.00	530,000	\$ 1,060.00						
13,000	\$ 91.00	150,000	\$ 675.00	340,000	\$ 850.00	540,000	\$ 1,080.00						
14,000	\$ 98.00	160,000	\$ 720.00	350,000	\$ 875.00	550,000	\$ 1,100.00						
15,000	\$ 105.00	170,000	\$ 765.00	360,000	\$ 900.00	560,000	\$ 1,120.00						
16,000	\$ 112.00	180,000	\$ 810.00	370,000	\$ 925.00	570,000	\$ 1,140.00						
17,000	\$ 119.00	190,000	\$ 855.00	380,000	\$ 950.00	580,000	\$ 1,160.00						
18,000	\$ 126.00	200,000	\$ 900.00	390,000	\$ 975.00	590,000	\$ 1,180.00						
19,000	\$ 133.00	210,000	\$ 945.00	400,000	\$ 1,000.00	600,000	\$ 1,200.00						
20,000	\$ 140.00	220,000	\$ 990.00	410,000	\$ 1,025.00								
21,000	\$ 147.00	230,000	\$ 1,035.00	420,000	\$ 1,050.00								
22,000	\$ 154.00	240,000	\$ 1,080.00	430,000	\$ 1,075.00								
23,000	\$ 161.00	250,000	\$ 1,125.00	440,000	\$ 1,100.00								
24,000	\$ 168.00	251,000	\$ 628.00	450,000	\$ 1,125.00								
25,000	\$ 175.00	252,000	\$ 630.00	460,000	\$ 1,150.00								
26,000	\$ 117.00	253,000	\$ 633.00	470,000	\$ 1,175.00								
27,000	\$ 122.00	254,000	\$ 635.00	480,000	\$ 1,200.00								
28,000	\$ 126.00	255,000	\$ 638.00	490,000	\$ 1,225.00								
29,000	\$ 131.00	256,000	\$ 640.00	500,000	\$ 1,250.00								
30,000	\$ 135.00	257,000	\$ 643.00	501,000	\$ 1,002.00								



BONDS DUE BY AUGUST 31, 2024

INSTRUCTIONS:

All Districts and Posts Must use the New Bond Application for 24/25 year.

PLEASE WRITE LEGIBLY OR IT WILL DELAY THE PROCESSING OF YOUR POST'S BONDS.

Do not use last year's bond applications they cannot be accepted.

If paying by check make checks payable to VFW, Dept. of NC and mail all bond applications and checks to:

**VFW, DEPT. OF NC
PO Box 25337
Raleigh, NC 27611**

If paying by credit card, please email card information using this form and applications to:

Email: qm@vfwnc.com

Call Jenn Hutt, Monday through Friday 9am – 5pm, with any questions at 919-828-5058.

TIA Form is only for Canteen Employees/ Bingo Employees. Not Accountable Officers

Person to be bonded	Total Bond Amount	Bond Cost	Attachment
Commander			QM Form2
Quartermaster			QM form 2
Assistant Quartermaster			QM Form 2
Bingo Manager			TIA form
Canteen Manager			TIA Form
Bartender 1			TIA Form
Bartender 2			TIA Form
Bartender 3			TIA Form
Bartender 4			TIA Form
Totals			TIA Form

Credit Card Number:	
Expiration Date:	
CDC # 3 digits on back of card	

Post Number: _____

Contact Email: _____

Contact Name: _____

Contact Phone Number: _____



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



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