

**REVISED BONDING INFORMATION PLEASE READ**

To: **POST QUARTERMASTERS**

From: DEPARTMENT HEADQUARTERS

Subject: **QUARTERMASTER/ACCOUNTABLE OFFICER BOND – TRAVELERS INSURANCE**

Enclosed is new Bond form for the renewal term 9/1/21 to 9/1/22. The premium rate is \$4.00 per thousand coverage for Bond Amounts between \$3,000 and \$25,000. The bonding company requires each post to carry a minimum of \$3,000 at \$12.00 unless the Post Trustees audit report reflects liquid assets of \$2,000 or less, in which case, the bonding company will accept a minimum of \$2,000 at \$8.00. **THE RATE UP TO AND INCLUDING \$25,000 IS \$4.00 PER THOUSAND. THE RATE OF \$26,000 AND UP IS \$3.00 PER THOUSAND. THE RATE FOR \$251,000 AND UP IS \$2.50 PER THOUSAND. THE RATE FOR \$501,000 AND UP IS \$2.00 PER THOUSAND.**

Example: Bond Limit \$25,000---\$100.00 \$250,000---\$750.00 \$500,000---\$1,250.00  
\$26,000---\$78.00 \$251,000---\$627.50 \$501,000--- \$1,002.00

**PLEASE READ THE HIGHLIGHTED INSTRUCTIONS TO COMPLETE THE CHANGES FOR THE UPCOMING BOND YEAR 9-1-2021**

- 1. The application and certificate have been changed so you can fill in the position you need bonded, so we do not have to have different forms for each position.**
- 2. There are two questions required to be completed by the post: Post Annual Income and Any bond losses in the last 3 years.**
- 3. The application that the post completes will have to be returned to Department Headquarters.**

**THE CHANGE THIS YEAR IS THAT DEPARTMENT HEADQUARTERS MUST HAVE THE BONDS IN BY NOVEMBER 30, 2021 FOR THE BOND TO BE EFFECTIVE 9-1-2020. PLEASE HAVE BONDS IN TO HEADQUARTERS BY NOVEMBER 25, 2021.**

**If the Consolidated Application from the Department is postmarked by November 30, 2021, the effective date will be September 1, 2021.**

**State Headquarters will accept bonds after November 30, 2021 as per procedures below.**

Any bond received in **December** and can be processed by the end of the month will be effective **December 1, 2020** and we will send you a Certificate with dates of **December 1, 2021 to August 31, 2022.**

Any Bond received in **January** and can be processed by the end of the month will be effective **January 1, 2022** and we will send you a Certificate with dates of **January 1, 2022 to August 31, 2022.**

The same procedure will be done as above for **February, March, April, and May.** **We will not be able to accept any bonds after May 30, 2022.**

**Travelers is emphasizing the importance of getting the bonds to our office before November 30, 2021, this will minimize the post not having proper bond coverage at time of loss.**

Coverages of the policy require that at least annually, audit of the books and accounts including complete verification of all securities and bank balances be made. If the above is not complied with, the Surety Company will refuse to honor claims of missing funds which cannot be proven by records. Completion of quarterly audits and reconciliation of monthly bank statements may avoid denial of a claim. **Proof of loss resulting from dishonest acts on the part of the bonded officer is required to be completed and mailed to the bonding company within 120 days of the discovery of the loss. Please relay this requirement to the Department Inspectors and responsible person on the post level.**

Travelers Insurance Company is rated by A.M. Best Co. as A++ (Superior) for financial strength and service to policyholders. **Our good bond rate is partially due to the emphasis that has been placed on the audit requirements and quarterly trustees reports.**

**CLUB MANAGERS AND GAMBLING OPERATIONS MUST BE BONDED SEPARATELY ON DIFFERENT FORMS OBTAINED FROM HEADQUARTERS. A QUARTERMASTER THAT IS HANDLING ANY GAMBLING, GAMES OF CHANCE, SLOT MACHINES, ETC. ARE NOT COVERED UNDER THE QUARTERMASTER BOND. THEY MUST BE COVERED UNDER THE CLUB MANAGER BOND.**

Herbert Schwartzkopf  
Department of Kansas VFW  
State Adjutant/Quartermaster



## *Kansas Veterans of Foreign Wars*

July 1, 2021

District and Post Quartermasters:

There was a small change to the application but it doesn't matter which you fill out.

The Travelers Insurance Company reviews these applications and all spaces have to be completed. There are nine spaces that need to be completed:

1. Post # and State
2. Bond amount
3. Position bonded
4. Post annual income or revenue
5. Date
6. Questions concerning losses
7. Name of person completing the application
8. Phone number
9. Street Address and City

These need to be in by August 27<sup>th</sup>, 2021.

Thanks for your help!

Debbi Guay  
Department of Kansas VFW  
[bkeeper@ksvfw.org](mailto:bkeeper@ksvfw.org)  
785-272-6463



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



Dear Comrade Commander:

Application for VFW Accountable Officers Crime Coverage

August 1, 2021

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 schedule bond for the bonding of Department and Post Accountable Officers. This bond runs for a year – from September 1 to August 31 – premium payments are made on that basis. All bonds expire on August 31 and premium for New Year is due on September 1.

Any unit may decide whether it prefers to take out a bond with some other surety company or have its funds protected by the Department Headquarters schedule bond. But the matter should be given prompt attention because if your Accountable Officer had previously been bonded through the National Headquarters, a **new premium payment is required by September 1, 2021 and delinquent after this date.**

**IF BOND IS NOT RENEWED, TERMINATED, OR CANCELLED AT EXPIRATION DATE OF 9-1-2021, 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 Surety 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 Surety 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 BOND IS ONLY FOR THE YEAR SEPTEMBER 1, 2021 TO AUGUST 31, 2022.**

**The funds of your Post are protected only for that year. Premium for the following year will be due September 1, 2022.**

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

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

I hereby apply for A1. Employee/Volunteer Theft (Bond) in the amount of \$ \_\_\_\_\_, for the position of \_\_\_\_\_, For the year from September 1, 2021 through August 31, 2022.

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

Has the post had any bond losses over the past three years? \_\_\_\_\_.  
 If yes, provide a description with date and amount of loss on a separate sheet.

**DEADLINE FOR BONDING IS SEPTEMBER 1, 2021 -- 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 and City

**VFW QUARTERMASTER BOND**

**\$4.00 Per Thousand**

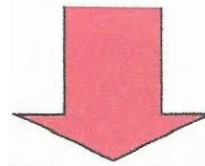
\$ 3,000.----	\$ 12.00
\$ 4,000.----	\$ 16.00
\$ 5,000.----	\$ 20.00
\$ 6,000.----	\$ 24.00
\$ 7,000.----	\$ 28.00
\$ 8,000.----	\$ 32.00
\$ 9,000.----	\$ 36.00
\$ 10,000.----	\$ 40.00
\$ 11,000.----	\$ 44.00
\$ 12,000.----	\$ 48.00
\$ 13,000.----	\$ 52.00
\$ 14,000.----	\$ 56.00
\$ 15,000.----	\$ 60.00
\$ 16,000.----	\$ 64.00
\$ 17,000.----	\$ 68.00
\$ 18,000.----	\$ 72.00
\$ 19,000.----	\$ 76.00
\$ 20,000.----	\$ 80.00
\$ 21,000.----	\$ 84.00
\$ 22,000.----	\$ 88.00
\$ 23,000.----	\$ 92.00
\$ 24,000.----	\$ 96.00
\$ 25,000.----	\$ 100.00

**\$3.00 Per Thousand**

\$ 26,000.----	\$ 78.00
\$ 27,000.----	\$ 81.00
\$ 28,000.----	\$ 84.00
\$ 29,000.----	\$ 87.00
\$ 30,000.----	\$ 90.00
\$ 40,000.----	\$ 120.00
\$ 50,000.----	\$ 150.00
\$ 60,000.----	\$ 180.00
\$ 70,000.----	\$ 210.00
\$ 80,000.----	\$ 240.00
\$ 90,000.----	\$ 270.00
\$ 100,000.----	\$ 300.00
\$ 110,000.----	\$ 330.00
\$ 120,000.----	\$ 360.00
\$ 130,000.----	\$ 390.00
\$ 140,000.----	\$ 420.00
\$ 150,000.----	\$ 450.00
\$ 160,000.----	\$ 480.00
\$ 170,000.----	\$ 510.00
\$ 180,000.----	\$ 540.00
\$ 190,000.----	\$ 570.00
\$ 200,000.----	\$ 600.00
\$ 210,000.----	\$ 630.00
\$ 220,000.----	\$ 660.00
\$ 230,000.----	\$ 690.00
\$ 240,000.----	\$ 720.00
\$ 250,000.----	\$ 750.00

**\$2.50 Per Thousand**

\$251,000.----	\$ 627.50
\$252,000.----	\$ 630.00
\$253,000.----	\$ 632.50
\$254,000.----	\$ 635.00
\$255,000.----	\$ 637.50
\$256,000.----	\$ 640.00
\$257,000.----	\$ 642.50
\$258,000.----	\$ 645.00
\$259,000.----	\$ 647.50
\$260,000.----	\$ 650.00
\$270,000.----	\$ 675.00
\$280,000.----	\$ 700.00
\$290,000.----	\$ 725.00
\$300,000.----	\$ 750.00
\$310,000.----	\$ 775.00
\$320,000.----	\$ 800.00
\$330,000.----	\$ 825.00
\$340,000.----	\$ 850.00
\$350,000.----	\$ 875.00
\$360,000.----	\$ 900.00
\$370,000.----	\$ 925.00
\$380,000.----	\$ 950.00
\$390,000.----	\$ 975.00
\$400,000.----	\$ 1000.00
\$410,000.----	\$ 1025.00
\$420,000.----	\$ 1050.00
\$430,000.----	\$ 1075.00
\$440,000.----	\$ 1100.00
\$450,000.----	\$ 1125.00
\$460,000.----	\$ 1150.00
\$470,000.----	\$ 1175.00
\$480,000.----	\$ 1200.00
\$490,000.----	\$ 1225.00
\$500,000.----	\$ 1250.00



A.1 Employee/Volunteer Theft (Dishonesty Bond)  
VFW APPLICATION FOR CLUB EMPLOYEES &  
BINGO TO BE COMPLETED BY BONDED  
INDIVIDUAL

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

**Bond Term: October 1, 2021 to October 1, 2022**

1. a) Name of Post \_\_\_\_\_ Post # \_\_\_\_\_

b) Post Address \_\_\_\_\_

2. a) Name of Person to be Bonded \_\_\_\_\_

3. Position to be Bonded \_\_\_\_\_ Limit Requested \$ \_\_\_\_\_

4. Number of Persons Bonded 1

5. Number of Locations 1

6. Post Annual Revenue \_\_\_\_\_

7. Has the post had any bond losses over the past three years? \_\_\_\_\_  
If Yes, provide a description along with the date and amount of loss.

8. a) Have you ever been bankrupt or insolvent? \_\_\_\_\_

b) If yes, please give details in a separate confidential letter to the Insurance Company

9. a) Have you ever been convicted of a felony or misdemeanor? (Other than Traffic Violations) \_\_\_\_\_

b) If yes, explain \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(day) (month) (year)

\_\_\_\_\_  
Signature: Person to be Bonded

VFW CANTEEN MANAGERS AND CANTEEN EMPLOYEES  
 BINGO MANAGERS, GAMING MANAGERS AND GAMING WORKERS  
 RATE SCHEDULE

\$6.00 PER THOUSAND

\$ 1,000.-----	\$ 6.00
\$ 2,000.-----	\$ 12.00
\$ 3,000.-----	\$ 18.00
\$ 4,000.-----	\$ 24.00
\$ 5,000.-----	\$ 30.00
\$ 6,000.-----	\$ 36.00
\$ 7,000.-----	\$ 42.00
\$ 8,000.-----	\$ 48.00
\$ 9,000.-----	\$ 54.00
\$10,000.-----	\$ 60.00
\$11,000.-----	\$ 66.00
\$12,000.-----	\$ 72.00
\$13,000.-----	\$ 78.00
\$14,000.-----	\$ 84.00
\$15,000.-----	\$ 90.00
\$16,000.-----	\$ 96.00
\$17,000.-----	\$102.00
\$18,000.-----	\$108.00
\$19,000.-----	\$114.00
\$20,000.-----	\$120.00
\$21,000.-----	\$126.00
\$22,000.-----	\$132.00
\$23,000.-----	\$138.00
\$24,000.-----	\$144.00
\$25,000.-----	\$150.00

\$4.00 PER THOUSAND

\$26,000.-----	\$104.00
\$27,000.-----	\$108.00
\$28,000.-----	\$112.00
\$29,000.-----	\$116.00
\$30,000.-----	\$120.00
\$31,000.-----	\$124.00
\$32,000.-----	\$128.00
\$33,000.-----	\$132.00
\$34,000.-----	\$136.00
\$35,000.-----	\$140.00
\$36,000.-----	\$144.00
\$37,000.-----	\$148.00
\$38,000.-----	\$152.00
\$39,000.-----	\$156.00
\$40,000.-----	\$160.00
\$41,000.-----	\$164.00
\$42,000.-----	\$168.00
\$43,000.-----	\$172.00
\$44,000.-----	\$176.00
\$45,000.-----	\$180.00
\$46,000.-----	\$184.00
\$47,000.-----	\$188.00
\$48,000.-----	\$192.00
\$49,000.-----	\$196.00
\$50,000.-----	\$200.00

\$3.00 PER THOUSAND

\$ 51,000.-----	\$153.00
\$ 52,000.-----	\$156.00
\$ 53,000.-----	\$159.00
\$ 54,000.-----	\$162.00
\$ 55,000.-----	\$165.00
\$ 56,000.-----	\$168.00
\$ 57,000.-----	\$171.00
\$ 58,000.-----	\$174.00
\$ 59,000.-----	\$177.00
\$ 60,000.-----	\$180.00
\$ 61,000.-----	\$183.00
\$ 62,000.-----	\$186.00
\$ 63,000.-----	\$189.00
\$ 64,000.-----	\$192.00
\$ 65,000.-----	\$195.00
\$ 66,000.-----	\$198.00
\$ 67,000.-----	\$201.00
\$ 68,000.-----	\$204.00
\$ 69,000.-----	\$207.00
\$ 70,000.-----	\$210.00
\$ 71,000.-----	\$213.00
\$ 72,000.-----	\$216.00
\$ 73,000.-----	\$219.00
\$ 74,000.-----	\$222.00
\$ 75,000.-----	\$225.00
\$ 80,000.-----	\$240.00
\$ 85,000.-----	\$255.00
\$ 90,000.-----	\$270.00
\$ 95,000.-----	\$285.00
\$100,000.-----	\$300.00

**(NOTE: FILL-OUT THIS FORM ONLY IF YOU HAVE OBTAINED YOUR BOND FROM AN AGENCY OTHER THAN THE KANSAS VFW)**

.....  
**CERTIFICATION OF BOND**

IT IS HEREBY CERTIFIED THAT THE VFW QM, AND/OR OTHER ACCOUNTABLE OFFICERS, AS APPROPRIATE, OF VFW POST NO. \_\_\_\_\_ LOCATED AT \_\_\_\_\_, KANSAS ARE BONDED WITH INDEMNITY COMPANY AS SURETY IN A SUM AT LEAST EQUAL TO THE AMOUNT OF LIQUID ASSETS FOR WHICH, SO FAR AS CAN BE ANTICIPATED, THEY MAY BE ACCOUNTABLE.

OFFICES OR OFFICERS BONDED: \_\_\_\_\_

AMOUNT OF BOND: \$ \_\_\_\_\_

DATES OF COVERAGE: FROM \_\_\_\_\_ 20\_\_\_\_, TO: \_\_\_\_\_ 20\_\_\_\_\_.

NAME OF AGENCY: \_\_\_\_\_

NAME OF INDEMNITY COMPANY: \_\_\_\_\_

CERTIFIED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

SIGNATURE OF POST COMMANDER: \_\_\_\_\_

.....  
MAIL THIS FORM TO:

VFW STATE HEADQUARTERS

P.O. BOX 1008

TOPEKA, KS 66601-1008