

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 9/1/24 to 9/1/25. 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 9-1-2024.

- 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, 2024 FOR THE BOND TO BE EFFECTIVE 9-1-2024. PLEASE HAVE BONDS IN TO HEADQUARTERS BY NOVEMBER 25, 2024.

If the Consolidated Application from the Department is postmarked by November 28, 2024, the effective date will be September 1, 2024.

State Headquarters will accept bonds after November 30, 2024 as per procedures below.

Any bond received in **December** and can be processed by the end of the month will be effective **December 1, 2024** and we will send you a Certificate with dates of **December 1, 2024 to August 31, 2025.**

Any Bond received in **January** and can be processed by the end of the month will be effective **January 1, 2025** and we will send you a Certificate with dates of **January 1, 2025 to August 31, 2025.**

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, 2025.**

Travelers is emphasizing the importance of getting the bonds to our office before November 30, 2024, 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



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

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



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 10-1-2023, 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

VFW CLUB MANAGER, BARTENDERS, GAMING RATE SCHEDULE

\$3.50 Per Thousand

\$ 3,000.-----\$10.50
\$ 4,000.-----\$14.00
\$ 5,000.-----\$17.50
\$ 6,000.-----\$21.00
\$ 7,000.-----\$24.50
\$ 8,000.-----\$28.00
\$ 9,000.-----\$31.50
\$10,000.-----\$35.00
\$11,000.-----\$38.50
\$12,000.-----\$42.00
\$13,000.-----\$45.50
\$14,000.-----\$49.00
\$15,000.-----\$52.50
\$16,000.-----\$56.00
\$17,000.-----\$59.50
\$18,000.-----\$63.00
\$19,000.-----\$66.50
\$20,000.-----\$70.00
\$21,000.-----\$73.50
\$22,000.-----\$77.00
\$23,000.-----\$80.50
\$24,000.-----\$84.00
\$25,000.-----\$87.50

(\$3,000. To \$25,000.)
\$3.50 Per Thousand

\$2.50 Per Thousand

\$ 26,000.----\$ 65.00
\$ 27,000.----\$ 67.50
\$ 28,000.----\$ 70.00
\$ 29,000.----\$ 72.50
\$ 30,000.----\$ 75.00
\$ 40,000.----\$100.00
\$ 50,000.----\$125.00
\$ 60,000.----\$150.00
\$ 70,000.----\$175.00
\$ 80,000.----\$200.00
\$ 90,000.----\$225.00
\$100,000.----\$250.00
\$110,000.----\$275.00
\$120,000.----\$300.00
\$130,000.----\$325.00
\$140,000.----\$350.00
\$150,000.----\$375.00
\$160,000.----\$400.00
\$170,000.----\$425.00
\$180,000.----\$450.00
\$190,000.----\$475.00
\$200,000.----\$500.00
\$210,000.----\$525.00
\$220,000.----\$550.00
\$230,000.----\$575.00
\$240,000.----\$600.00
\$250,000.----\$625.00

(\$26,000. To \$250,000.)
\$2.50 Per Thousand

\$2.00 Per Thousand

\$251,000.----\$ 502.00
\$252,000.----\$ 504.00
\$253,000.----\$ 506.00
\$254,000.----\$ 508.00
\$255,000.----\$ 510.00
\$256,000.----\$ 512.00
\$257,000.----\$ 514.00
\$258,000.----\$ 516.00
\$259,000.----\$ 518.00
\$260,000.----\$ 520.00
\$270,000.----\$ 540.00
\$280,000.----\$ 560.00
\$290,000.----\$ 580.00
\$300,000.----\$ 600.00
\$310,000.----\$ 620.00
\$320,000.----\$ 640.00
\$330,000.----\$ 660.00
\$340,000.----\$ 680.00
\$350,000.----\$ 700.00
\$360,000.----\$ 720.00
\$370,000.----\$ 740.00
\$380,000.----\$ 760.00
\$390,000.----\$ 780.00
\$400,000.----\$ 800.00
\$410,000.----\$ 820.00
\$420,000.----\$ 840.00
\$430,000.----\$ 860.00
\$440,000.----\$ 880.00
\$450,000.----\$ 900.00
\$460,000.----\$ 920.00
\$470,000.----\$ 940.00
\$480,000.----\$ 960.00
\$490,000.----\$ 980.00
\$500,000.----\$1,000.00

(\$251,000. To \$500,000.)
\$2.00 Per Thousand

\$1.75 Per Thousand

\$501,000.----\$ 876.75
\$502,000.----\$ 878.50
\$503,000.----\$ 880.25
\$504,000.----\$ 882.00
\$505,000.----\$ 883.75
\$506,000.----\$ 885.50
\$507,000.----\$ 887.25
\$508,000.----\$ 889.00
\$509,000.----\$ 890.85
\$510,000.----\$ 892.50
\$520,000.----\$ 910.00
\$530,000.----\$ 927.50
\$540,000.----\$ 945.00
\$550,000.----\$ 962.50
\$560,000.----\$ 980.00
\$570,000.----\$ 997.50
\$580,000.----\$1,015.00
\$590,000.----\$1,032.50
\$600,000.----\$1,050.00

(\$501,000. And UP)
\$1.75 Per Thousand

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

(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