# APPLICATION FOR COVERAGE

NORTH DAKOTA INSURANCE DEPARTMENT
STATE BONDING FUND
SFN 54369 (7-2019)

## 1. GENERAL INFORMATION

| | | | | |
|---|---|---|---|---|
| Name of Insured Entity | | County | Bond Number | |
| Contact Person | | Title | | |
| Mailing Address | | City | State | ZIP Code |
| Telephone Number | Fax Number | Email Address | | |
| Total number of paid full- and part-time employees | | | | |
| Total number of individuals that handle money and assets (employees, directors, commissioners, treasurers, clerks, accountants, etc.) | | | | |

## 2. FINANCIAL AUDIT (Annual financial audits should be performed by independent experts.)

| | |
|---|---|
| Name of entity that performs audits | Audit sent to county auditor<br>☐ Yes ☐ No |

## 3. ASSET CONTROL (inventory, cash, investments)

Check the boxes that apply.

| | |
|---|---|
| | An annual physical count of inventory is taken by someone who does not have physical control of inventory nor maintains detailed inventory records. |
| | Two individuals are responsible to open mail. One should open the mail, the other make a list of received checks or cash. |
| | Checks are endorsed immediately. |
| | Deposits are done daily or weekly at most. Funds not immediately deposited and petty cash should be safeguarded. |
| | An individual who does not have access to cash reconciles received funds to posted deposits. |
| | Individuals who send invoices do not have access to received funds. |
| | Individuals responsible for securities or other documents evidencing ownership or other rights have no accounting duties. |
| | All securities are registered in the name of the government entity. |
| Total revenue received from all sources for the last annual budget period | |
| Total cash, cash accounts (CDs, money market accounts) and investments for last annual budget period | |
| Total of two lines above | |

## 4. EXPENSES AND PAYABLES

Check the boxes that apply.

| | |
|---|---|
| | Monthly reconciliations of receipts to the monthly credit card purchase are performed and signed off by card holders and another individual. |
| | Checks are signed by two different individuals if possible. |
| | All expenses are reconciled to accounts by an individual who cannot write checks. |
| Total expenditures for last annual budget period | |

**5. COVERAGE REQUESTED**

Choose the amount of bond coverage based on the amount of money and property handled as noted in the total in section 3.

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| ☐ If the total in section 3 is less than $40,000, the coverage requested is $10,000.<br>☐ If the total in section 3 is greater than $40,000, the coverage requested is 25% of the total up to $2,000,000. |
| Coverage Requested |

The undersigned declares that to the best of his or her knowledge, the statements above are true and accurate.

| | |
|---|---|
| Name | Title |
| Signature | Date Signed |

Return the completed form to:

North Dakota Insurance Reserve Fund
Bonding Fund
PO Box 2258
Bismarck, ND 58502

Telephone: 701-224-1988
Toll Free: 800-421-1988
Scan and Email to: BondingFund@NDIRF.com