

Fidelity Bond Request Form

Revision: 9/13/2021

Employer Receiving Bond:

Industry: _____

Company Name: _____ EIN: _____

Contact Person Name: _____

Contact Person Email: _____

Address (include zip code): _____

Type of Company: private non-profit private for-profit public sector

Number of Employees: _____

Nebraska Secretary of State Active Business Registration: Yes No

Sole Proprietorship: Yes No (If yes, complete and submit United States Citizenship Attestation Form:
https://sos.nebraska.gov/sites/sos.nebraska.gov/files/doc/attestation_form.pdf)

Worker Covered by Bond:

Last Name: _____ First Name: _____ Middle Initial: _____

Address (include zip code): _____ Date of Birth: ____/____/____

Job Title: _____

Employment Start Date: _____

Hourly Wage: _____ Hours Per Week: _____

Ex-Offender: Yes No

Gender: _____ Hispanic or Latino: Yes No Race: _____

Referring Agency:

Agency Name: _____

Contact Person Name: _____

Address (include zip code): _____

Contact Person Email: _____

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Date Form Received: ____/____/____ Date Bond Processed: ____/____/____