

# Fidelity Bond Request Form

## 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:  
[http://das.nebraska.gov/lb403/attestation\\_form.pdf](http://das.nebraska.gov/lb403/attestation_form.pdf))

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## Worker Covered by Bond:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (include zip code): \_\_\_\_\_

Job Title: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Ex-Offender:      **Yes**      **No**

Gender: \_\_\_\_\_ Hispanic or Latino:      **Yes**      **No**      Race: \_\_\_\_\_

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## Referring Agency:

Agency Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Address (include zip code): \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Date Form Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Bond Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_