## **Fidelity Bond Request Form**

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



Complete form and submit to <u>NDOL.RSFidelityBonds@nebraska.gov</u>. Please include supportive documentation such as a background check to expedite the bond issuance process (not required). Contact us at <u>NDOL.RSFidelityBonds@nebraska.gov</u> or any inquiries regarding Fidelity Bonds or the process to submit an application. **Complete form entirely.** 

Revision: 7/25/2022

Industry:			_					
Company Name:			EI	N:				
Contact Person Name:								
Contact Person Email:	ontact Person Email: Contact Person Phone:							
Address (include zip co	de):							
Type of Company:	Private non-profit	Private	for-profit	Public sed	ctor			
Number of Employees:								
Nebraska Secretary of S	State Active Busine	ess Registrati	on: Yes	No				
Sole Proprietorship:	Yes No				ates Citizenship braska.gov/files			orm.pd1
<b>Worker Covered by</b>	Bond:							
Last Name:		First Name:				Middle	Initial:	
Address (include zip cod	de):				Date of Birth:	/_	_/	-
Job Title:			_ Start Date: _	_/_/_				
Hourly Wage:		Hours P	er Week:					
Has this person ever bee	en convicted of a c	crime: Y	es No					
Gender:	Hispa	nic or Latino:	Yes	No	Race:			
Number & Amount of Bo				g more than	1 bond, please	explain:		
Referring Agency Name:	(if different than e							
Contact Person Name:			Contact Perso	on Email: _				
Address (include zip cod	e):							
Notes:								
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Staff: \_\_\_\_