PROPER BONDING PROCESSES

VETERANS OF FOREIGN WARS DEPARTMENT OF CALIFORNIA





BONDING REQUIREMENTS



California

National Bylaws Section 703

 Each officer accountable for funds or property pursuant to any provisions of these Bylaws shall be bonded with an indemnity company as surety in a sum at least equal to the amount of liquid assets.

National Manual of Procedure, Section 218(a)(5)

a. The Quartermaster shall qualify and secure a bond equal to liquid assets.

BONDS – ACCOUNTABLE OFFICER



- Who needs to be bonded?
 - Any and All Post Officers who have access to the Post Funds (on bank signature card).
 - The position, not the person is bonded.
- How much should you be bonded for?
 - Enough to cover liquid assets. Rule of Thumb: Should be slightly more than your quarterly audit total.
- How much does a bond cost?
 - \$4 per thousand with a minimum of \$3,000 in coverage.
- Can I increase my bond coverage?
 - Yes, you submit a Request for Bond Increase application and pay the difference between the two amounts.

BONDS – CLUB EMPLOYEES



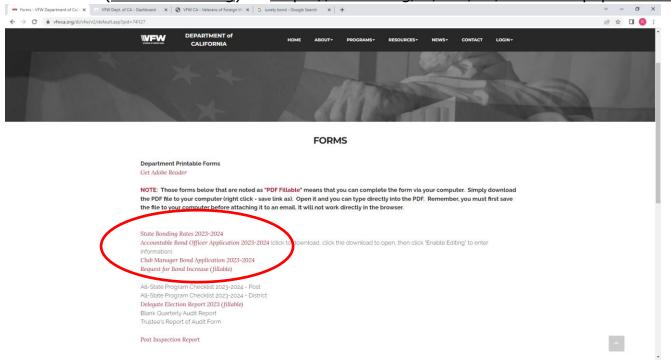
- Who needs to be bonded?
 - Any club employee who is responsible for money. Canteen manager, Bingo Chair.
 - The person, not the position is bonded.
- How much should you be bonded for?
 - Enough to cover what they normally are in custody of until given to QM.
- How much does a bond cost?
 - \$6 per thousand with a minimum of \$3,000 in coverage.
- What happens if the Canteen Manager is replaced?
 - You will need to submit a new application and pay for a new bond.

WHERE DO YOU FIND THE BONDING INFO



California

The information and documents you need to complete the bonding process are located on the Department website (<u>www.vfwca.org</u>) at <u>https://vfwca.org/di/vfw/v2/default.asp?pid=74127</u>.





BONDING RATE SHEET – Accountable Officers

California

Accountable officers (Commander, QM, Asst. QM, etc. will be bonded at \$4 per thousand.

Club employees (canteen manager, bingo manager, bartenders, etc. are bonded at \$6 per thousand.

Make sure you use the correct bonding rate sheet!

			\$4.00	PER THOUSAND	0	
3,000.00	\$	12.00	\$43,000.00	\$ 172.00	\$ 83,000.00	\$332.00
4,000.00	\$	16.00	\$44,000.00	\$ 176.00	\$ 84,000.00	\$336.00
5,000.00	\$	20.00	\$45,000.00	\$ 180.00	\$ 85,000.00	\$ 340.00
6,000.00	\$	24.00	\$46,000.00	\$ 184.00	\$ 86,000.00	\$344.00
7,000.00	\$	28.00	\$47,000.00	\$ 188.00	\$ 87,000.00	\$348.00
8,000.00	Ś	32.00	\$48,000.00	\$ 192.00	\$ 88,000.00	\$352.00
9,000.00	\$	36.00	\$49,000.00	\$ 196.00	\$ 89,000.00	\$356.00
10,000.00	\$	40.00	\$ 50,000.00	\$ 200.00	\$ 90,000.00	\$ 360.00
11,000.00	Ś	44.00	\$51,000.00	\$ 204.00	\$ 91,000.00	\$364.00
12,000.00	\$	48.00	\$ 52,000.00	\$ 208.00	\$ 92,000.00	\$368.00
13,000.00	Ś	52.00	\$53,000.00	\$212.00	\$ 93,000.00	\$372.00
14,000.00	s	56.00	\$ 54,000.00	\$ 216.00	\$ 94,000.00	\$376.00
15,000.00	s	60.00	\$55,000.00	\$ 220.00	\$ 95,000.00	\$ 380.00
00.000,61	\$	64.00	\$ 56,000.00	\$ 224.00	\$ 96,000.00	\$384.00
17,000.00	s	68.00	\$ 57,000.00	\$ 228.00	\$ 97,000.00	\$388.00
18,000.00	\$	72.00	\$ 58,000.00	\$ 232.00	\$ 98,000.00	\$ 392.00
9,000.00	\$	76.00	\$ 59,000.00	\$ 236.00	\$ 99,000.00	\$ 396.00
20,000.00	s	80.00	\$ 60,000.00	\$ 240.00	\$ 200,000.00	\$ 400.00
21,000.00	\$	84.00	\$61,000.00	\$ 244.00	\$101,000.00	\$ 404.00
22,000.00	S	88.00	\$ 62,000.00	\$ 248.00	\$ 102,000.00	\$ 408.00
23,000.00	s	92.00	\$63,000.00	\$ 252.00	\$103,000.00	\$412.00
24,000.00	Ś	96.00	\$64,000.00	\$ 256.00	\$ 104,000.00	\$ 416.00
25,000.00	Ś	100.00	\$65,000.00	\$ 260.00	\$ 105,000.00	\$ 420.00
26,000.00	\$	104.00	\$66,000.00	\$ 264.00		
27,000.00	\$:	08.00	\$67,000.00	\$ 268.00		
28,000.00	\$	112.00	\$68,000.00	\$ 272.00		
9.000.00	s	116.00	\$ 69,000.00	\$ 276.00	MAKECHEC	KPAYABLE TO:
30,000.00	\$	120.00	\$70,000.00	\$ 280.00	VFW Departm	ent of California
31,000.00	\$	124.00	\$71,000.00	\$ 284.00	9136 Elk Grov	e Blvd, Suite 100
32,000.00	s	128.00	\$72,000.00	\$ 288.00	Elk Grove, CA	95624
33.000.00	ŝ	132.00	\$73,000.00	\$ 292.00		
34,000.00		136.00	\$74,000.00	\$ 296.00		
35,000.00	\$	140.00	\$75,000.00	\$ 300.00	MINIMUM B	OND IS \$3,000.00
36,000.00	\$	144.00	\$ 76,000.00	\$ 304.00		
37,000.00	\$	48.00	\$77,000.00	\$ 308.00	DEA	DLINE IS:
38,000.00	s	152.00	\$78,000.00	5 312.00	AUGU	ST 31, 2023
39,000.00	S	56.00	\$ 79,000.00	\$ 316.00		
40,000.00		160.00	\$80,000.00	\$ 320.00		
41,000.00	s	164.00	\$81,000.00	\$ 324.00		
42,000.00	٤.	168.00	\$82,000.00	\$ 328.00		

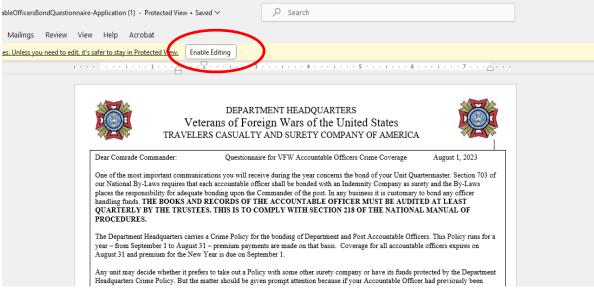
\$37.

\$411

ACCOUNTABLE OFFICER APPLICATION



- Click on the link to download the document.
- Click the download to open in Microsoft Word.
- Click the "Enable Editing" button to allow you to enter the information in the boxes.



ACCOUNTABLE OFFICER BOND APPLICATION

nnaire_(

Make sure to use the proper application

- Date on the form should read August 1, 2023
- **<u>DO NOT</u>** use the Club Employee form for VFW Officers

Help Acrobat	ted View. Ena	ble Editing	· · · · · · · · · · · · · · · · · · ·
Š		DEPARTMENT HEADQUARTERS terans of Foreign Wars of the United States ERS CASUALTY AND SURETY COMPANY OF AMERICA	
ear Comrade Com	mander:	Questionnaire for VFW Accountable Officers Crime Coverage	August 1, 2023
our National By-Lav	ws requires that	ications you will receive during the year concerns the bond of your Unit Quart each accountable officer shall be bonded with an Indemnity Company as suret e bonding upon the Commander of the post. In any business it is customary to	y and the By-Laws

t-2023-2024.pdf			Califo
	/1 - 100% + 🗄	\$)	
T-IA-	A.1 Employee/Volunteer Theft (VFW QUESTIONAIRE FOI BINGO PERSONS TO, BE	R CLUB EMPLOYEES	S &
TRAVELERS CASUALTY AN	COVERED INDIVIDUAL D SURETY COMPANY OF AMERI	ICA	
Coverage Term: October 1, 20	23 to September 30, 2024		
. a) Name of Post		Post #	
b) Post Address			
a) Name of Person to be Cov	ered		_
. Position to be Covered			
. Coverage Amount Requested	s		
Number of Persons Covered_	11		
. Number of Locations	<u>1</u>		
Post - Annual Income			
	overage losses over the past three year along with the date and amount of los		
	ted of any dishonest or fraudulent em t or embezzlement of funds of any kir		
b) If yes, explain			
DATE OF 10-1-2023, THE PO	EWED, TERMINATED, OR CAN ST HAS ONLY 90 DAYS TO SUB! AVS, PRIOR COVERAGE CEASE:	MIT A PROOF OF LOSS	
	ment position places advise what a	person you are replacing	
f this is a replacement for a cu	irrent position, please advise what p		



COMPLETING THE APPLICATION



RETURN THIS QUESTIONNAIRE WITH YOUR PREMIUM CHECK PAY	ABLE TO YOUR DEPARTMENT HEADQUARTERS
Post # and State	
I hereby apply for A1. Employee/Volunteer Theft coverage in the amount	nt of \$ for the position
of For the year from September 1, 2023 through A	ugust 31, 2024.
Number of Persons Bonded: <u>1</u> Number of Locations: <u>1</u> Post An	ual Income: \$ Dated:
Has the post had any Crime Coverage losses over the past three years? If yes, provide a description with date and amount of loss on a separate sheet.	-
DEADLINE FOR COVERAGE IS SEPTEMBER 1, 2023 – AFTER THIS DATE YOU WILL BE DELIQUENT AND NOT IN COMPLIANCE	QM or Commander or Adjutant or Sr.Vice Signature
WITH THE VFW BY-LAWS.	Phone Number
	Street Address and City
ORM NO. 2	
ORM NO. 2	

- Enter the Post number and the State, "CA"
- Enter the amount of the bond, **NOT** the amount the bond costs!
- Enter the position being bonded.
 <u>ONLY ONE</u> position per application.
- Enter the Post's annual income and the date you are completing the form.
- Enter if the Posts has filed a claim in the past three (3) years.
- Enter the phone number and address.
- AGAIN, make sure you are using the current application!

CLUB EMPLOYEE BOND



California

Make sure you are using the VFW Questionnaire for Club Employees & Bingo Persons.

Are you using the current form and not one from 2005? Coverage Term should state October 1, 2023 to September 30, 2024.

Fill in the application and it must be signed by the person who is going to be covered.

T-IA-	A.1 Employee/Volunteer Theft (Crime Coverage) vrw QUESTIONAIRE FOR CLUB EMPLOYEES of BINGO PERSONS TO, BE COMPLETED BY COVERED INDIVIDUAL	£
Coverage Term: October 1, 2023	SURELL COMPANY OF AMERICA	
Name of Post	Post #	
b) Post Address		
2. a) Name of Person to be Covere	ed	
3. Position to be Covered		
4. Coverage Amount Requested \$		
5. Number of Persons Covered	1	
6. Number of Locations	1	
7. Post - Annual Income		
	erage losses over the past three years? long with the date and amount of loss.	
	ed of any dishonest or fraudulent employment related act, "for or embezzlement of funds of any kind	
b) If yes, explain		
DATE OF 10-1-2023, THE POST	WED, TERMINATED, OR CANCELLED AT EXPIRATIO T HAS ONLY 90 DAYS TO SUBMIT A PROOF OF LOSS F (8, PRIOR COVERAGE CEASES.	
If this is a replacement for a curr	rent position, please advise what person you are replacing	
Signed thisday ((Day)	of, (Month) (Year)	
Signature: Person to be Covered	Form #4	В

QUESTIONS



