Questionnaire for VFW Accountable Officers Crime Coverage

DEPARTMENT HEADQUARTERS

Veterans of Foreign Wars of the United States

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Dear Comrade Commander: August 1, 2026

One of the most important communications you will receive during the year concerns appropriate bonding of your Post Positions. Section 703 of the National By-Laws requires that each Accountable Officer shall be bonded with an Indemnity Company as surety. The By-Laws place the responsibility for adequate bonding upon the Commander of the post. Section 218 of the National Manual requires **THE BOOKS AND RECORDS OF THE ACCOUNTABLE OFFICER BE AUDITED AT LEAST QUARTERLY BY THE TRUSTEES.**

The Department Headquarters carries a Crime Policy for the bonding of Department and Post Accountable Officers. Any unit may decide whether it prefers to take out a policy with another surety company or have its funds protected by the Department Headquarters Crime Policy. However, prompt attention is required because if your Accountable Officers had previously been covered through the Department Program, **a new premium payment is required by September 1, 2026 or it will be considered delinquent.**

COVERAGES OF THE POLICY REQUIRE:

1. You agree to make/or cause to be made, at least annually, an audit of your books and accounts, including complete verification of all securities and bank balances pertaining to each "employee and/ or volunteer".
If the above is not complied with, the Insurance Company may refuse to honor claim of missing funds which cannot be proven by records. Monthly audits and reconciliation of bank statements may avoid this denial of claim.

2. The Insurance Company may not pay for loss resulting from any unauthorized advances made by an "employee" to any member for delinquent dues and assessments.

3. "Employee" means any duly elected position, or any appointed officer as listed in the policy schedule.

4. **IF THE POLICY IS NOT RENEWED, TERMINATED, OR CANCELLED AT EXPIRATION DATE OF 9-1-2026, THE POST HAS ONLY 90 DAYS TO SUBMIT A PROOF OF LOSS FOR PRIOR TERM. AFTER 90 DAYS PRIOR COVERAGE CEASES.**

5. **POST MUST SUBMIT A PROOF OF LOSS FORM WITHIN 120 DAYS FROM THE FIRST DATE OF DISCOVERY OF THE LOSS.**

THIS POLICY IS ONLY FOR THE YEAR SEPTEMBER 1, 2026 TO AUGUST 31, 2027
The funds of your Post are protected only for that year. Premium for the following year will be due September 1, 2027

RETURN THIS QUESTIONNAIRE COMPLETED IN FULL WITH YOUR PREMIUM CHECK PAYABLE TO YOUR DEPARTMENT HEADQUARTERS

STATE _____ **POST#** _____

I hereby apply for A1. Employee/ Volunteer Theft coverage for the year from September 1, 2026 through August 31, 2027 in the

COVERAGE AMOUNT of $ _____ for the **POSITION of** _____

Post Annual Income: $ _____

Has the post had any Crime Coverage losses (theft of money) over the past 3 years by an Accountable Officer? YES ☐ **NO** ☐
If yes, please contact your Department for a Loss Questionnaire. No Coverage can be extended until approved by insurance carrier

Number of Persons Bonded: _1_
Number of Locations: _1_

_____ _____
QM or Commander or Adjutant or Sr Vice Signature **Date**

_____
Phone Number

_____
Street Address, City and Zip

NOTE : Questionnaire is not valid unless all questions are answered. Coverage may be postponed if not completed in FULL. Deadline for coverage is September 1, 2026 - After this date you will be delinquent and not in compliance with the VFW By- Laws.

Form 2 - Revised 2026

A.1.Increase Form

DEPARTMENT HEADQUARTERS
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Any request to increase limits mid-term for VFW Accountable Officers Crime Coverage and/ or Club Manager Crime Coverage each Post must provide an Increase Crime Limit Statement below:

I hereby apply for an increase for A1. Employee/Volunteer Theft Coverage -

New total amount $ _____

For the position of _____

Regarding the request for an increased crime limit, we affirm that we have had no losses and no claims (or knowledge of such matter) which would influence the coverage provided hereunder.

Please note that submission of this questionnaire does not guarantee the coverage limit increase requested until approved by insurance carrier.

_____ _____
Signature Date

_____ _____
Post # Location (City & State)

For VFW Department use only

PRIOR BOND AMOUNT $ _____ DATE BONDED_____

NEW BOND AMOUNT $ _____ DATE BONDED_____

TOTAL INCREASE AMOUNT $ _____

VFW Prior Loss Questionnaire

Post Name and Number: _____

Post City and State: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Date of Loss: _____

1. Incident Summary

Please describe in specific detail how the employee theft occurred and how it was discovered:

_____

_____

_____

2. Risk Mitigation & Internal Controls

a. What specific internal processes or controls have you implemented since the loss to prevent the loss from happening again?

_____

_____

_____

b. Who, other than individuals responsible for writing or authorizing payments or deposits, reviews the actual bank statements? How frequently is this review conducted?

_____

_____

_____

c. What specific procedures are in place to ensure that more than one individual is responsible for reconciling sales and cash on hand?

_____

_____

_____

d. How frequently are deposits of cash and checks made to bank account and who is making them?

_____

_____

_____

e. What steps have you taken to ensure that no single person has complete control over all aspects of a financial transaction or asset management (e.g., ordering, approval, inventory and receipt of goods)?

_____

_____

_____

3. Additional Information

Please include any additional information that may be relevant to the loss, recovery efforts, or internal changes made since the incident:

_____

_____

_____

4. Declaration

I hereby certify that the information provided above is accurate and complete to the best of my knowledge.

Name: _____

Title: _____

Signature: _____

Date: _____

VFW QUARTERMASTER BOND

$5.00 Per Thousand	$3.75 Per Thousand	$3.25 Per Thousand	$3.00 Per Thousand
$3,000----$15.00	$26,000---$97.50	$251,000---$815.75	$501,000---$1,503.00
$4,000----$20.00	$27,000---$101.25	$252,000---$819.00	$502,000---$1,506.00
$5,000----$25.00	$28,000---$105.00	$253,000---$822.25	$503,000---$1,509.00
$6,000----$30.00	$29,000---$108.75	$254,000---$825.50	$504,000---$1,512.00
$7,000----$35.00	$30,000---$112.50	$255,000---$828.75	$505,000---$1,515.00
$8,000----$40.00	$40,000---$150.00	$256,000---$832.00	$506,000---$1,518.00
$9,000----$45.00	$50,000---$187.50	$257,000---$835.25	$507,000---$1,521.00
$10,000---$50.00	$60,000---$225.00	$258,000---$838.50	$508,000---$1,524,00
$11,000---$55.00	$70,000---$262.50	$259,000---$841.75	$509,000---$1,527.00
$12,000---$60.00	$80,000---$300.00	$260,000---$845.00	$510,000---$1,530.00
$13,000---$65.00	$90,000---$337.50	$270,000---$877.50	$520,000---$1,560.00
$14,000---$70.00	$100,000--$375.00	$280,000---$910.00	$530,000---$1,590.00
$15,000---$75.00	$110,000--$412.50	$290,000---$942.50	$540,000---$1,620.00
$16,000---$80.00	$120,000--$450.00	$300,000---$975.00	$550,000---$1,650.00
$17,000---$85.00	$130,000--$487.50	$310,000---$1,007.50	$560,000---$1,680.00
$18,000---$90.00	$140,000--$525.00	$320,000---$1,040.00	$570,000---$1,710.00
$19,000---$95.00	$150,000--$562.50	$330,000---$1,072.50	$560,000---$1,740.00
$20,000---$100.00	$160,000--$600.00	$340,000---$1,105.00	$590,000---$1,770.00
$21,000---$105.00	$170,000--$637.50	$350,000---$1,137.50	$600,000---$1,800.00
$22,000---$110.00	$180,000--$675.00	$360,000---$1,170.00	
$23,000---$115.00	$190,000--$712.50	$370,000---$1,202.50	
$24,000---$120.00	$200,000--$750.00	$380,000---$1,235.00	
$25,000---$125.00	$210,000--$787.50	$390,000---$1,267.50	
	$220,000--$825.00	$400,000---$1,300.00	
	$230,000--$862.50	$410,000---$1,332.50	
	$240,000--$900.00	$420,000---$1,365.00	
	$250,000--$937.50	$430,000---$1,397.50	
		$440,000---$1,430.00	
		$450,000---$1,462.50	
		$460,000---$1,495.00	
		$470,000---$1,527.50	
		$480,000---$1,560.00	
		$490,000---$1,592.50	
		$500,000---$1,625.00	