

Fidelity Bond Renewal Notice



BOND NUMBER 2848350	COMPANY OC	RENEWAL PERIOD Beginning 09/01/16 Ending 09/01/19		RENEWAL PREM. \$150.00	SPECIAL COMMISSION %
RISK STATE KENTUCKY	BOND AMOUNT \$2,000	DEDUCTIBLE \$0			
CLASS OF INSURED	FORM OF COVERAGE	RATING MOD FACTOR	# OF RATABLE EMPLOYEES	# OF ADD'L LOCATIONS	POLICY/TYPE
PRINCIPAL OR INSURED NAME AND ADDRESS KENTUCKY SCHOOL FOOD SERVICE ASSN C/O MA 2514 LEITCHFIELD RD ELIZABETHTOWN KY 42701			OBLIGEE NAME AND ADDRESS KENTUCKY SCHOOL FOOD SERVICE ASSOC 2514 LEITCHFIELD ROAD ELIZABETHTOWN KY 42701		
16-01-1035 AGENCY ASSURED NEACE LUKENS INSURANCE 2305 RIVER RD LOUISVILLE KY 40206-1010			RENEWAL INSTRUCTIONS <input checked="" type="checkbox"/> BOND IS CONTINUOUS. () BOND EXPIRES ON 09/01/16 BUT CAN BE CONTINUED BY CERTIFICATE.		
TAX TOWN CODE 9999	Surcharge: 2.70 Total Billing: \$152.70 MUNY TAX:	AUTO CHARGED	TERR. CODE (INS. AGR. 3&4)	Non-Res Lic: Yes () No () If yes, # _____ Type: Agent () Broker () Appointment: Yes () No () Commission: Full () Reduced () Nil ()	
REMARKS					
*****ATTENTION AGENT - 806 KAR 2:09 REQUIRES THAT THE FOLLOWING DISCLOSURE BE MADE TO YOUR CUSTOMER***** PREMIUM INCLUDES _____ MUNICIPAL TAX AND COLLECTION FEE PAID TO _____ PREMIUM IS _____ WITHOUT MUNICIPAL TAX					

NOTE: IF CONTINUATION OF THIS BOND IS NOT DESIRED, PLEASE HAVE THE RELEASE BELOW COMPLETED AND RETURN BEFORE RENEWAL DATE, UNLESS BOND EXPIRES BY ITS TERMS.

FIDELITY BOND RELEASE

To The Ohio Casualty Bond,
Please discontinue, from and after _____, your fidelity bond on behalf of _____
in favor of the undersigned.

(Date) _____ (Signed) _____
(Title) _____

(To be signed by Employer. If a corporation, must be signed by duly authorized officer.)

DON'T FORGET: OHIO CASUALTY PENSION PLAN TRUSTEE BONDS AND BUSINESS SERVICES BONDS. THESE POPULAR BONDS ARE EASILY ORDERED WITH OUR SHORT FORM ORDER BLANKS.