



The Credit Union Bonding Program  
CUMIS General Insurance Company

**BOND PROOF OF LOSS**  
(Dishonesty)

Claim in the amount of \$ \_\_\_\_\_ is hereby made according to the terms and conditions of the bond issued by CUMIS General Insurance Company.

Date Loss Occurred: \_\_\_\_\_

Total Estimated Amount of Loss: \$ \_\_\_\_\_ Date Loss first Discovered: \_\_\_\_\_

Responsible Party(ies) with Title(s): \_\_\_\_\_

Date(s) Employed, Elected or Appointed: \_\_\_\_\_

Responsible Party(ies) Last Know Address(es): \_\_\_\_\_

Manner in which loss occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last examination or inspection: \_\_\_\_\_

By whom? \_\_\_\_\_

No other suretyship or insurance under which the above claim, or any part thereof, is claimable except the following:

Have the police authorities been notified? \_\_\_\_\_ Police Department: \_\_\_\_\_

This claim is presented under: Dishonesty

Payment of this claim, in full, to \_\_\_\_\_ Credit Union is hereby authorized, and in consideration of such payment the Insurer is discharged forever and from all further claim by reason of the said loss or damage. Any recovery rights of the Insured or any other person or corporation are hereby transferred, in accordance with the terms and conditions of the Bond, to the Insurer which is authorized to bring action in the Insured's name to enforce such rights.

I hereby declare that the party(ies) named herein has (have) dishonestly converted to his (her) own use and misappropriated property of the Insured equal to the amount of the claim indicated in this statement; that the statements above and on the attached Schedule of Loss constitute a truthful recital of all the facts as now known, and that nothing material has been suppressed or withheld by the Insured.

Subscribed and sworn to

Before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Insured

by \_\_\_\_\_

(Notary Public or Commissioner of Oaths)

Authorized Representative



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Following is an itemized statement of claim showing all present credits to be applied against the loss. Submitted herewith is all available documentary evidence in substantiation thereof.  
(If more space is required attach separate sheet)

Date	Schedule of Loss	Amount
<b>Total Loss</b>		

Schedule of Credits	Amount
Salary _____	
Commission _____	
Other Credits _____	
<b>Total Credits</b>	
<b>Net Loss</b>	
Deductible (not applicable to Legal/Audit)	
<b>Net Claim</b>	