



**Liberty  
Agency Underwriters™**

Member of Liberty Mutual Group

**Harrisburg Service Center**

Jacqueline Ellis

Christine Klinger

Kimberly Klinger

Judy Shields

2000 Linglestown Road

Harrisburg, PA 17110

Toll Free 1.800.692.7204

717.657.9641

717.657.1947

**Business Services Bond Supplemental Questionnaire**

Name of Insured: \_\_\_\_\_

Limit of Insurance: \_\_\_\_\_

1. What is the name of the client you will be working for? \_\_\_\_\_  
Address: \_\_\_\_\_
2. Briefly describe the type of work that will be performed for your client. \_\_\_\_\_
3. How many employees will be on the premises of your client? \_\_\_\_\_
4. Will you/your employees have access to your client's money, securities, banking systems, wire transfer systems or any sensitive computer data? If yes, please provide details below: \_\_\_\_\_
5. Will you have restricted access to physical areas of your client's premises by keycards, locks, etc.? \_\_\_\_\_
6. Will you be performing your services during normal business hours? If no, when will you be performing your work? \_\_\_\_\_
7. Will your employees be supervised and/or monitored by your client when performing services on their premises? \_\_\_\_\_
8. Will your employees be required to wear I.D. badges or carry special identification in order to identify themselves as 'non-employees'? \_\_\_\_\_
9. Do you perform background checks on your employees including personal references, past employment references, criminal checks and drug testing? If no, please explain below. \_\_\_\_\_

10. Do you have any knowledge of any employee stealing from a client in the past or at this time? If yes, please provide complete details including a description of the loss, amount of the loss, and corrective measures to prevent a similar loss from occurring. \_\_\_\_\_

11. If this coverage is for one specific client contract, what are the anticipated start/completion dates? \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_