



## SCHOOL DISTRICT TREASURER'S BOND

### Regular Treasurer's Bond Application

1) **SCHOOL DISTRICT INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

2) **LOSSES:** Has the District ever made claim against a surety or fidelity bond? **Yes** **No**  
If yes, please attach a full description of the situation and the amount of any payment.

3) **INVESTMENTS:** a) Does the District have an investment counselor? **Yes** **No**  
If yes, who? \_\_\_\_\_  
b) Does the District invest in a liquid assets fund? **Yes** **No**  
If yes, which fund? \_\_\_\_\_

4) **DISTRICT TREASURER INFORMATION:**

Name: Mr. Ms. Dr. \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Has this person ever been charged with any kind of criminal offense? **Yes** **No**  
If yes, please attach a description.

5) **REQUEST:**

a) Issue New Bond Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
b) Continue Existing Bond # \_\_\_\_\_ Anniversary Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
c) Amend Existing Bond # \_\_\_\_\_ Date of Change: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Change Bond Amount: From \_\_\_\_\_ to \_\_\_\_\_  
Change District Treasurer: From \_\_\_\_\_ to \_\_\_\_\_  
Other Change: \_\_\_\_\_

6) **TREASURER'S BOND AMOUNT: (Information from Annual Financial Report ISBE 50-36 Totals)**

a) Receipts/Revenues (Current): page 7, line 5 \$ \_\_\_\_\_  
b) Tax Anticipation Warrants/Notes: page 42 \$ \_\_\_\_\_  
c) Fund Balances: page 8, line 46 \$ \_\_\_\_\_  
Total of the Above: \$ \_\_\_\_\_

The amount of the bond shall be 25% of the total of all bonds, notes, mortgages, moneys and effects of which the Treasurer is to have custody, adjustable only by the Regional Superintendent of Schools or the School Board of the District.

**\*Bond Amount Requested: \$ \_\_\_\_\_**

\*All Regular Treasurer's Bonds are subject to a \$600 minimum premium (Members of WCSIT are exempt).

7) **SIGNATURES:**

District Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
District Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Print Superintendent Name: \_\_\_\_\_

Warranty: The applicant warrants that the above statements and facts are true and that no material facts have been suppressed or misstated.