## **OUARTERMASTER CRIME COVERAGE SEPTEMBER 1, 2024 TO AUGUST 31, 2025** TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA

Dear Comrade Commander:

One of the most important communications you will receive during the year con-cerns the bond of the Quartermaster. Section 703 of our National bylaws requires that each accountable officer shall be bonded with an Indemnity Company as surety and the bylaws places the responsibility for adequate bonding upon the Commander of the Post/District.

THE BOOKS AND RECORDS OF THE ACCOUNTABLE OFFICER MUST BE AUDITED AT LEAST QUARTERLY BY THE TRUSTEES. THIS IS TO COMPLY WITH SECTION 218 OF THE NATIONAL MANUAL OF PROCEDURES.

This bond is being provided to Posts and Districts that would like to bond the Quartermaster and only bond the Quartermaster. If you need to bond any other officers you will need will need to use the Blanket Bond form but the minimum for blanket bond is \$25K. The accountable officer must be bonded with an indemnity company as surety in a sum at least equal to the amount of liquid assets for which, as far as can be anticipated, each officer may be accountable. To provide this coverage, arrangements have been made with Travelers Casualty & Surety Company of America. The Post/District is covered in the amount of limit

The maximum amount for QM Bond is \$25,000. Any amount greater than \$25,000 must be processed as a Blanket Bond.

POLICY REQUIREMENTS AND BOND RATES ARE ON THE NEXT PAGE. DEADLINE FOR BONDING IS SEPTEMBER 1, 2024 - AFTER THIS DATE, YOU WILL BE DELINQUENT AND NOT IN COMPLIANCE WITH THE VFW BYLAWS.

THIS BOND IS ONLY FOR THE YEAR SEPTEMBER 1, 2024 TO AUGUST 31, 2025. The funds of your Post are protected only for that year. Premium for the following year will be due by September 1, 2024.

NOTE: Your post only needs either the QM Bond or Blanket Bond not both.

To take advantage of this coverage, all you have to do is determine what amount of bond is necessary, fill out the application below and mail it with a check for the annual premium to VFW Department of Texas.

## **QUARTERMASTER BOND QUESTIONAIRE**

POST NUMBER:	DISTRICT:	CHECK AMT:
ADDRESS:	CITY:	, TX, ZIP
I hereby apply for a Quarte	rmaster "A1 Crime Coverag	e" in the amount of \$
Check #: for t	he fiscal year from Septembe	er 1, 2024 through August 31, 2025. Post
Annual Revenue: \$		
Has the post had any bond	losses over the past three (3)	years? OYES or ONO
If yes, provide a description	n with date and amount of lo	ss on a separate sheet.
Date signed:		