



525 West Monroe • Suite 2400 • Chicago, Illinois 60661-3685
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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: Mr. / Ms. / Dr. _____

Print Superintendent Email: _____

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