

Travelers Casualty and Surety Company of America

**GENERAL INFORMATION**

Member District Name: Baker County Library District

Requested Effective Date: 01/01/2026

Total budget or revenue as of most recent fiscal year-end: \$ 1,591,834

Please circle requested limit option: \$5K, \$10K, \$15K, \$20K, \$25K, \$50K, \$75K, \$100K, \$250K, \$350K, \$500K, \$750K, \$1M

Third Party Coverage Requested Yes  No

*Quote on both Levels*

Number of Employees: 37

Number of Board Members: 5

Number of Volunteers other than Board Members: 81

Have there been any fidelity, forgery, crime and/ or computer fraud losses over the past 3 years? Yes  No   
*If 'yes', provide a description along with the date and amount of loss below. Attach a separate sheet if necessary*

**INTERNAL CONTROLS**

- A. Are financial statements prepared annually by an independent CPA on a Review or Audit Basis? Yes  No
- B. Do your internal control procedures comply with those recommended in the SDAO Administrative Handbook? Yes  No
- C. Are bank accounts reconciled monthly by someone not authorized to deposit or withdraw? Yes  No
- D. Is countersignature of checks required? Yes  No   
If 'no' are other procedures in place to prevent unauthorized issuance of checks? Yes  No

**Answer the following if the District is requesting a limit greater than \$100K**

- 1. Does the Applicant confirm all payee account set-up and change requests by a direct call to the payee using a pre-determined telephone number (i.e., a number from a confirmed source provided prior to the request)? Yes  No  N/A
- 2. Does the Applicant require a telephone call or face-to-face meeting to verify the authenticity of any payment or funds transfer request made by an internal company source or subsidiary? Yes  No  N/A

**COVERAGES PROVIDED**

A1. Employee Theft- Per Loss	B. Forgery or Alteration
C. On Premises	D. In Transit
E. Money Order Counterfeit Currency	F1. Computer Fraud
F2. Computer Restoration (same limit as A2 or max limit of \$100K)	G. Funds Transfer Fraud
H1. Personal Accounts Forgery or Alteration (same limit as A.1)	H2. Identity Fraud Expense Reimbursement- same limit as A2 or max limit of \$25K

**FAITHFUL PERFORMANCE OF DUTY COVERAGE**

Faithful Performance of Duty Coverage is automatically provided by Endorsement, same limit as A1 Employee Theft.

*If coverage is required at higher limits, coverage can be offered, subject to completion and approval of individual applications*

**SPONSORED PLAN NOT SUBJECT TO ERISA**

Coverage is automatically provided via Endorsement at the same limit as A1 Employee Theft for any employee benefit plan or employees pension benefit plan solely sponsored by any Insured that is not subject to the terms of ERISA

**SOCIAL ENGINEERING FRAUD COVERAGE**

Social Engineering Fraud Coverage is included via endorsement. Sub-limited Social Engineering Fraud Coverage (referencing "SCHEDULE FOR SINGLE LOSS LIMIT AND RETENTION FOR SOCIAL ENGINEERING FRAUD INSURING AGREEMENT ENDORSEMENT"). Note that for members requesting Social Engineering Fraud limit  $\geq$  \$250,000 the Government Entity Crime Application is required

*If coverage is required at higher limits, coverage can be offered, subject to completion and approval of individual applications*

Authorized Representative Signature:

Authorized Representative Name and Title:

Date (month/dd/yyyy):

X

**BAKER COUNTY LIBRARY DISTRICT**

CNA Surety  
6000 · Materials and Services:6600 · Cor Policy #62362354 annual bond

2/27/2025

31703

350.00

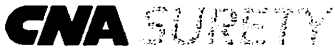
**PAYMENT  
RECORD**

US Bank Checking Policy 62362354

350.00

PRODUCT SSLT103 USE WITH 91663 ENVELOPE Deluxe Corporation 1-800-328-0304 or www.deluxe.com/shop

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D8ZU6V SLKDK02 04/27/2023 17:22 -105-



Billing Questions (888) 866-2666  
Email [info@cnaSurety.com](mailto:info@cnaSurety.com)

**Notice of Premium Due 04/10/2025**

Premium \$350.00

BAKER COUNTY LIBRARY DISTRICT  
2400 RESORT ST.  
BAKER CITY, OR 97814

**Amount Due \$350.00**

**Bond Detail**

Bond #	62362354	Obligee	OBLIGEE ADDRESS UNKNOWN
Company	Western Surety Company		
Term Dates	04/10/2025 to 04/10/2026		
Bond Amount	\$100,000.00		
Description	OR P.E. Name Schedule (2)		

**Agent Information**

Clarke & Clarke  
P. O. Box 745  
Baker City, OR 97814-0745  
Phone : (541)523-7761

**Messages**

We show 2 rated for premium purposes. To ensure proper coverage, verify the total number of employees and owners covered & contact us with changes. Note: After several years, we may have increased our rates slightly.

**Payment Instructions**



- Pay Online at [ONLINEPAY.CNASURETY.COM](https://ONLINEPAY.CNASURETY.COM)
- If paying by mail, please send payment 2 weeks prior to due date to ensure receipt  
Make check payable to CNA Surety  
Detach payment stub and return with payment

Note-Renewal documents will only be sent upon receipt of full payment