



DEPARTMENT OF _____ VETERANS OF FOREIGN WARS OF THE U.S.
Consolidated Application for Accountable Officers Bonds

**TO: TALLMAN INSURANCE, 406 W. 34th ST.
SUITE 806, V.F.W. BUILDING, KANSAS CITY, MO 64111-2796**

2020

Enclosed is Department check No. _____ In the amount of \$ _____
In payment of total premiums on accountable officers bond for fiscal year
as indicated, 9/1/2019 to 9/1/2020

Date _____ Quartermaster Signature: _____

	Position Bonded	Post No	City Location of Post	Amount of Bond Required	Annual Premium	DO NOT WRITE IN THIS COLUMN
1					0.00	
2					0.00	
3					0.00	
4					0.00	
5					0.00	
6					0.00	
7					0.00	
8					0.00	
9					0.00	
10					0.00	
11					0.00	
12					0.00	
13					0.00	
14					0.00	
15					0.00	
16					0.00	
17					0.00	
18					0.00	
19					0.00	
20					0.00	
21					0.00	
22					0.00	
23					0.00	
24					0.00	
25					0.00	
26					0.00	
27					0.00	
28					0.00	
29					0.00	
30					0.00	
31					0.00	
32					0.00	
33					0.00	
34					0.00	
35					0.00	
36					0.00	
37					0.00	
38					0.00	
39					0.00	
40					0.00	
FORM NO. 1			Totals:	0	0.00	