



**A.1.Increase Form**  
DEPARTMENT HEADQUARTERS  
Veterans of Foreign Wars of the United States  
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA



Any request to increase limits mid-term for VFW Accountable Officers Crime Coverage and/ or Club Manager Crime Coverage each Post must provide an Increase Crime Limit Statement below:

I hereby apply for an increase for A1. Employee/Volunteer Theft Coverage -

New total amount \$ \_\_\_\_\_

For the position of \_\_\_\_\_

Regarding the request for an increased crime limit, we affirm that we have had no losses and no claims (or knowledge of such matter) which would influence the coverage provided hereunder.

Please note that submission of this questionnaire does not guarantee the coverage limit increase requested until approved by insurance carrier.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Post #

\_\_\_\_\_  
Location (City & State)

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For VFW Department use only

PRIOR BOND AMOUNT \$ \_\_\_\_\_ DATE BONDED \_\_\_\_\_

NEW BOND AMOUNT \$ \_\_\_\_\_ DATE BONDED \_\_\_\_\_

TOTAL INCREASE AMOUNT \$ \_\_\_\_\_