**Labor Organization Bond Coverage Request  
for Retired Members’ Chapters**

This is a request that the officers and other members of CWA Retired Members’ Chapter \_\_\_\_\_\_\_\_\_\_\_ who handle chapter funds be included under the CWA Blanket Labor Organization Bond in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We understand that:

* The amount of the bond is the maximum the chapter can recover in the event of loss.
* Coverage starts at $2,500 with incremental increases of $2,500 to a maximum of $500,000.
* Premiums are determined by the coverage amount. (Premium for minimum coverage is about $35.00 for a three year period, prorated.)
* Coverage should equal 10% of the money in the chapter’s bank accounts and projected yearly income from dues.
* The CWA bond covers a three year period (currently October 4, 2018 through October 4, 2021) and is automatically renewed.
* The chapter will be included in renewals unless CWA is notified by the chapter in writing to cancel.
* Changes for coverage that begins during the three-year period are prorated based on the coverage commencement date.
* All officers and members who handle chapter funds will be covered by the bond and do not need to be identified by name.
* We send the Request for Coverage form to CWA and CWA send the request to the bonding company. We do not send money with the request for coverage.
* The bonding company will issue the bond certificate and invoice directly to the chapter.

Chapter Mailing Address:

|  |
| --- |
| Officer Name |
| Officer Title |
| Street Address |
| City, State, ZIP |
| Telephone |
| Email Address |

Officer’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail, Email or Fax Request for Coverage Form to:** Communications Workers of America  
 Attn: Compliance Department  
 501 Third Street, N.W.  
 Washington, DC 20001-2797  
 Fax: 202-434-1279  
 Email: [cwamail@cwa-union.org](mailto:cwamail@cwa-union.org)

*Revised 7-22-19*

*RMC - 04*

**Bond Coverage Rates  
(2018 – 2021)**

|  |  |
| --- | --- |
| **Amount of Coverage** | **Premium for 3 Year Period** |
| $2,500 | $38 |
| $5,000 | $76 |
| $7,500 | $114 |
| $10,000 | $152 |
| $12,500 | $190 |
| $15,000 | $228 |
| $17,500 | $266 |
| $20,000 | $304 |
| $22,500 | $342 |
| $25,000 | $380 |
| $30,000 | $456 |
| $35,000 | $532 |
| $40,000 | $608 |
| $45,000 | $684 |
| $50,000 | $760 |
| $55,000 | $836 |