

Fidelity (Performance) Bond of Treasurer Form

Of the Spencer County Board of Education
We, Victoria Goodlett, (Treasurer, Finance Officer or Other),
and the Western Surety Company (CNA Surety), (Surety Company),
do hereby acknowledge ourselves jointly and severally indebted to the Commonwealth of
Kentucky in the penal sum of \$ 300,000, that Victoria
Goodlett, (Treasurer, Finance Officer or Other) with the Board of Education,
shall discharge the duties of said office according to law, account for, to the proper authorities,
and pay over to all parties legally entitled thereto, on the proper vouchers only, any and all funds
that may come into his/her hands as the (check box) ☒ Treasurer and/or ☒ Finance Officer or
☐ Other of the Board of Education aforesaid, beginning 07 \ 01 \ 2015; and to be
renewed on an annual basis or until his/her successor is duly appointed and qualified. This bond
can be terminated by the surety, upon written notice to the Department of Education and school
board given by registered mail sixty (60) days in advance. The school board has the right of
cancellation with the surety company and bond termination for any reason with a written 60 day
notice to the surety company and the Department of Education.

This joint agreement was WITNESSED on the _____ day of _____, 20_____.

By (School Board): _____ Title _____

Name of the Surety Company: Western Surety/CNA Surety

By (Insurance Agent): _____ Title _____

Number of Bond 69573945 Annual Premium of Bond \$ 1,050

Approved by the Spencer County Board of Education
on _____, 20_____

Chairperson _____ Secretary _____

TO BE RETAINED AT THE LOCAL SCHOOL BOARD OFFICE

Dated 5/29/14

Fidelity (Performance) Bond of Treasurer Form

Of the Spencer County Board of Education
We, Charles Adams, (**Treasurer, Finance Officer or Other**), and the
Western Surety Company (**CNA Surety**), (**Surety Company**), do
hereby acknowledge ourselves jointly and severally indebted to the Commonwealth of Kentucky
in the penal sum of \$ 300,000, that Charles Adams,
(**Treasurer, Finance Officer or Other**) with the Board of Education, shall discharge the duties of
said office according to law, account for, to the proper authorities, and pay over to all parties
legally entitled thereto, on the proper vouchers only, any and all funds that may come into his/her
hands as the (**check box**) ☐ Treasurer and/or ☐ Finance Officer or ☒ Other of the Board of
Education aforesaid, beginning 07 \ 01 \ 2015; and to be renewed on an annual basis or
until his/her successor is duly appointed and qualified. This bond can be terminated by the
surety, upon written notice to the Department of Education and school board given by registered
mail sixty (60) days in advance. **The school board has the right of cancellation with the surety
company and bond termination for any reason with a written 60 day notice to the surety company
and the Department of Education.**

This joint agreement was WITNESSED on the _____ day of _____, 20_____.

By (School Board): _____ Title _____

Name of the Surety Company: Western Surety/CNA Surety

By (Insurance Agent): _____ Title _____

Number of Bond 70363300 Annual Premium of Bond \$ 1,050

Approved by the Spencer County Board of Education

on _____, 20_____

Chairperson _____ Secretary _____

TO BE RETAINED AT THE LOCAL SCHOOL BOARD OFFICE

Dated 5/29/14

The **Fidelity (Performance) Bond** requirements are set forth in [KRS 160.560](#). Accordingly, by July 1 of each year the board treasurer shall execute an official bond for the faithful performance of the duties of his/her office to be approved by the local board and the Commissioner of Education. The bond shall be guaranteed by a surety company authorized to do business in this state, and shall be in an amount determined by the local board of education in accordance with the administrative regulations promulgated by the Kentucky Board of Education. The premium on the bond shall be paid by the local board of education. A copy of the bond shall be filed with the local board of education and with the Commissioner of Education (electronically through KDE's web based system).

The requirements for the penal sum of the Fidelity (Performance) Bond are summarized in [702 KAR 3:080](#). Accordingly, it shall be the duty of each local board of education, on the advice of the Commissioner of Education, to determine the amount of the penal sum of the Fidelity (Performance) Bond for employees who are responsible for board of education funds. No Fidelity (Performance) Bond shall be approved which, in the opinion of the Commissioner of Education, is inadequate to safeguard the funds of the local board of education. The Penal Sum for the Fidelity (Performance) Bond is calculated by KDE and provided in a report entitled the "Exposure Report". This report is placed on the Fidelity (Performance) Bond website each year around March. It is the responsibility of the district to check this report for any changes in the Exposure amount of the bond.

Revised 5-6-13

Exposure Calculation Schedule For FY2015-2016

District	Penal Sum Minimum
541 Spencer County	\$300,000

Kentucky Department of Education

Office of Administration Support

Division of District Support

Date Generated: 3/19/15

Source: SEEK District Data (Using FY13-14 AFR/BS Data)

F:\school_finance\Bond of Treasurer\FY15-16

NOTICE OF PREMIUM DUE

CNA SURE

Sioux Falls, SD 57117-5077

1-888-866-2666

VICTORIA I. GOODLETT
2336 VAN BUREN RD.
MOUNT EDEN, KY 40046

Billing Date: 06/11/2015

Premium: \$1,050.00

Amount Due: \$1,050.00

Bond/Policy #: **601 69573945**
Effective Date: 8/20/2015 Anniversary Date: 8/20/2016
Penalty: \$300,000.00
Name: VICTORIA I. GOODLETT
Description: FINANCE OFFICER SPENCER COUNTY SCHOOL DISTRICT

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. Prompt payment allows us to issue or continue your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: 502-477-2231
Agency: 16 01906

**Spencer County Insurance
Agency, Inc.
P. O. Box 277
Taylorsville, KY 40071-0277**

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments, please call 1-888-866-2666.

CNA Surety

Bond/Policy #: **601 69573945** Effective Date: 8/20/2015
Name: VICTORIA I. GOODLETT
Description: FINANCE OFFICER SPENCER COUNTY SCHOOL DISTRICT

Written By: WESTERN SURETY COMPANY
Agency: 16 01906 Spencer County Insurance

Amount Due: \$1,050.00

Billing Date: 06/11/2015



Check here and include change of
billing address, # of covered
employees or other comments
below.

Make Check Payable To CNA Surety

CNA Surety Direct Bill
P. O. Box 957312
St. Louis, MO 63195-7312

NOTICE OF PREMIUM DUE

CNA SURE

Sioux Falls, SD 57117-5077

1-888-866-2666

CHARLES O. ADAMS
207 W. MAIN ST.
TAYLORSVILLE, KY 40071

Billing Date: 06/11/2015

Premium: \$1,050.00

Amount Due: \$1,050.00

Bond/Policy #: **601 70363300**
Effective Date: 8/16/2015 Anniversary Date: 8/16/2016
Penalty: \$300,000.00
Name: CHARLES O. ADAMS
Description: SUPERINTENDENT SPENCER CO. SCHOOL DISTRICT

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. Prompt payment allows us to issue or continue your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: 502-477-2231
Agency 16 01906

**Spencer County Insurance
Agency, Inc.
P. O. Box 277
Taylorsville, KY 40071-0277**

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CNA Surety

Bond/Policy #: **601 70363300** Effective Date: 8/16/2015
Name: CHARLES O. ADAMS
Description: SUPERINTENDENT SPENCER CO. SCHOOL DISTRICT

Written By: WESTERN SURETY COMPANY
Agency: 16 01906 Spencer County Insurance

Make Check Payable To CNA Surety

CNA Surety Direct Bill
P. O. Box 957312
St. Louis, MO 63195-7312

Amount Due: \$1,050.00

Billing Date: 06/11/2015



Check here and include change of
billing address, # of covered
employees or other comments
below:
