

## Faithful Performance of Duty

Email completed form to: rmsunderwriting@memun.org

| (i)   | The Faithful Performance Application must be completed by all employees or volunteers whose primary responsibility is to handle or oversee funds (checks & cash), have authority to sign checks, and / or have authority over financial accounts, and / or have authority to authorize purchases. For municipalities whose school departments is included in the MMA Property & Casualty Pool coverage, this form must also be completed by the school's Treasurer and Finance Director. |                |               |     |   |     |                     |    |    |            |      |    |  |
|---|--|----------------|---------------|-----|---|-----|---------------------|----|----|------------|------|----|--|
| Name of Entity:   |  |                |               |     |   |     |                     |    |    |            |      |    |  |
| Name of Applicant:  |  |                |               |     |   |     |                     |    |    |            |      |    |  |
| Applicant's Home Address:<br>(Street Address, City, State & Zip Code)   |  |                |               |     |   |     |                     |    |    |            |      |    |  |
| Offic   | cial Title / Pos   | ition Held:    |               |     |   |     |                     |    |    |            |      |    |  |
| Elected Appointed   |  |                | Hired Date:   |     |   |     |                     |    |    |            |      |    |  |
| 1.  | Amount of money handled by you during the annual term (fiscal year)?   |                |               |     |   |     |                     | \$ |    |            |      |    |  |
| 2.  | Largest amount of money at any one time under your control?  |                |               |     |   |     |                     | \$ |    |            |      |    |  |
|   | a) How long is the amount reflected above under your control?  |                |               |     |   |     |                     |    |    |            |      |    |  |
| 3.  | Have you, personally or professionally:  |                |               |     |   |     |                     |    |    |            |      |    |  |
|   | a) Had any lawsuits or judgements brought against you?   |                |               |     |   |     |                     |    |    | Yes        | No   |    |  |
|   | b) Ever been convicted of a crime or accepted a plea bargain?  |                |               |     |   |     |                     |    |    | Yes        | No   |    |  |
|   | If yes, please explain:  |                |               |     |   |     |                     |    |    |            |      |    |  |
| 4.  | Have you ever applied for a bond previously and been denied?  Yes No   |                |               |     |   |     |                     |    |    |            | No   |    |  |
|   | If yes, which surety and why?  |                |               |     |   |     |                     |    |    |            |      |    |  |
| 5.  | Do you have the authority to withdraw funds from depository by check?  Yes No  |                |               |     |   |     |                     |    |    |            |      | No |  |
|   | a) If yes, is a countersignature required? Yes No By whom?   |                |               |     |   |     |                     |    |    |            |      |    |  |
| 6.  | To whom and when do you make a report of financial irregularities and delinquencies?   |                |               |     |   |     |                     |    |    |            |      |    |  |
|   | To Who   | Whom:          |               |     |   |     | When:               |    |    |            |      |    |  |
| 7.  | Number of su   | ubordinates re | eporting to y | ou: | # | N/A | /A How many of thes |    |    | handle fur | nds? | #  |  |
|   | a) Are you aware if any of these subordinates have been convicted of a crime or accepted a plea bargain? If yes, please explain on a separate sheet.  Yes No   |                |               |     |   |     |                     |    |    |            | No   |    |  |
| 8.  | Are you certified by the Maine Municipal Tax Collectors & Treasurers Association?  a) If yes, please provide a copy of your certificate.  Yes No N/A   |                |               |     |   |     |                     |    |    |            | N/A  |    |  |
| 9.  | List cash management training and any other job related training the Applicant has attended in the last year.  |                |               |     |   |     |                     |    |    |            |      |    |  |
|   | Training: Dates:   |                |               |     |   |     |                     |    |    |            |      |    |  |
| To the best of the applicant's knowledge and belief, the information provided above is accurate and complete. |  |                |               |     |   |     |                     |    |    |            |      |    |  |
| Applicant's Signature Printed Name Title  |  |                |               |     |   |     |                     |    | Da | te         |      |    |  |