



Department of Oklahoma Post & District Accountable Officer  
Bond Rates 2024-2025

To: Commanders, Quartermasters & Trustees

Subject: Accountable Officers Bonds 2023- 2024, coverage from 1 Sept 24 thru 31 Aug 25

“Pursuant to National Bylaws Section 703 Bonds:

“The bond of such accountable officers, in amount and as to surety, shall be approved by their respective units and held by the respective Commanders. The Commander of each unit shall be responsible for the proper and adequate bonding of all accountable officer in their unit.”

Comrades, many officers mistake the “Accountable Officer Bond” as being a “Quartermaster Bond”. However, if any other officer, to include but not limited to Commander, Assistant Quartermaster, Sr. Vice Commander, etc. has access to the unit’s funds, then that accountable officer must also be bonded. Furthermore, I know in many cases, Posts and/or districts have bylaws that stipulate that more than one signature is required to be placed on a check. However, most financial institutions will process checks, on-line payments, accept withdrawals with only one or no signature. In these cases, all accountable officers must be bonded.

The rates below apply to each bond, not the accumulated cost of all bonds applications submitted. Questionnaire for VFW Accountable Officers Crime Coverage (Form NO. 2) must be completed for each accountable officer and payment submitted. For instance, if you bond both your Quartermaster and Commander, an application must be completed for both officers. Applications and checks can be sent to: VFW-Oklahoma, P.O. Box 1126, Oklahoma City, OK 73101-1126. If you have any questions, feel free to contact me at 405.850.0815 or at [vfwhqokqm@outlook.com](mailto:vfwhqokqm@outlook.com) or Asst. State Quartermaster Curt Watts at 405.590.8577 or at [vfwokncm@outlook.com](mailto:vfwokncm@outlook.com)

VFW Department of Oklahoma Bond Rates for 2024-2025 are as follows:

| BOND AMOUNT            | BOND COST PER THOUSAND |
|------------------------|------------------------|
| \$3,000 to \$99,000    | \$4.50 per thousand    |
| \$100,000 to \$250,000 | \$3.50 per thousand    |
| \$251,000 to \$299,000 | \$2.50 per thousand    |
| \$300,000 to \$600,000 | \$2.00 per thousand    |

Heidi Teeter  
Quartermaster  
Department of Oklahoma



DEPARTMENT HEADQUARTERS  
**Veterans of Foreign Wars of the United States**  
 TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA



Dear Comrade Commander:

Questionnaire for VFW Accountable Officers Crime Coverage

August 1, 2024

One of the most important communications you will receive during the year concerns the bond of your Unit Quartermaster. Section 703 of our National By-Laws requires that each accountable officer shall be bonded with an Indemnity Company as surety and the By-Laws places the responsibility for adequate bonding upon the Commander of the post. In any business it is customary to bond any officer handling funds. **THE BOOKS AND RECORDS OF THE ACCOUNTABLE OFFICER MUST BE AUDITED AT LEAST QUARTERLY BY THE TRUSTEES. THIS IS TO COMPLY WITH SECTION 218 OF THE NATIONAL MANUAL OF PROCEDURES.**

The Department Headquarters carries a Crime Policy for the bonding of Department and Post Accountable Officers. This Policy runs for a year – from September 1 to August 31 – premium payments are made on that basis. Coverage for all accountable officers expires on August 31 and premium for the New Year is due on September 1.

Any unit may decide whether it prefers to take out a Policy with some other surety company or have its funds protected by the Department Headquarters Crime Policy. But the matter should be given prompt attention because if your Accountable Officer had previously been covered through the National Headquarters, **a new premium payment is required by September 1, 2024 and delinquent after this date.**

**IF THE POLICY IS NOT RENEWED, TERMINATED, OR CANCELLED AT EXPIRATION DATE OF 9-1-2023, THE POST HAS ONLY 90 DAYS TO SUBMIT A PROOF OF LOSS FOR PRIOR TERM. AFTER 90 DAYS PRIOR COVERAGE CEASES.**

**COVERAGES OF THE POLICY REQUIRE THAT:**

1. You agree to make/or cause to be made, at least annually, an audit of your books and accounts, including complete verification of all securities and bank balances pertaining to each “employee and/ or volunteer”.

If the above is not complied with, the Insurance Company will refuse to honor claim of missing funds which cannot be proven by records. Monthly audits and reconciliation of bank statements may avoid this denial of claim.

2. The Insurance Company will not pay for loss resulting from any unauthorized advances made by an “employee” to any member for delinquent dues and assessments.

3. “Employee” means any duly elected position, or any appointed officer as listed in the policy schedule.

**4. POST MUST SUBMIT A PROOF OF LOSS FORM WITHIN 120 DAYS FROM THE FIRST DATE OF DISCOVERY OF THE LOSS. Proof of loss resulting from dishonest acts on the part of the bonded officer is required in settlement of claims.**

**THIS POLICY IS ONLY FOR THE YEAR SEPTEMBER 1, 2024 TO AUGUST 31, 2025.**

**The funds of your Post are protected only for that year. Premium for the following year will be due September 1, 2025.**

RETURN THIS QUESTIONNAIRE WITH YOUR PREMIUM CHECK PAYABLE TO YOUR DEPARTMENT HEADQUARTERS

\_\_\_\_\_  
Post # and State

I hereby apply for A1. Employee/Volunteer Theft coverage in the amount of \$ \_\_\_\_\_ for the position of \_\_\_\_\_ . For the year from September 1, 2024 through August 31, 2025.

Number of Persons Bonded:   1        Number of Locations:   1        **Post Annual Income:** \$ \_\_\_\_\_      Dated: \_\_\_\_\_.

**Has the post had any Crime Coverage (employee/ volunteer theft of money) losses over the past three years? \_\_\_\_\_.**  
**If yes, provide a description with date & amount of loss on a separate sheet & what changes you have made so this does not happen again.**  
**No Coverage can be extended until Travelers reviews and approves it.**

**DEADLINE FOR COVERAGE IS SEPTEMBER 1, 2024 – AFTER THIS DATE YOU WILL BE DELIQUENT AND NOT IN COMPLIANCE WITH THE VFW BY-LAWS.**

\_\_\_\_\_  
QM or Commander or Adjutant or Sr.Vice Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address, City and Zip