

**Department of Mass V.F.W.**  
**2024-2025 Quartermaster Bond**

VFW National By-Laws, Section 703 require that the Post/District Quartermaster shall be bonded with an indemnify company as surety in a sum of at least **equal to** the amount of **liquid assets** for which, so far as can be anticipated, he/she may be accountable.

This type of bond is available through this office for Post/District Quartermasters. This is a **“POSITION TYPE BOND”**, should your Post/District Quartermaster change during the year, the new Quartermaster would automatically be covered.

**The minimum amount of bond coverage is \$3,000.00 for a cost of \$9.00. Additional amounts are available at \$3.00 per \$1,000.00 of coverage desired. The bonding period runs from September 1 of the current year through August 31<sup>st</sup> of the next year. ALL BOND AMOUNTS IN WHOLE THOUSAND INCREMENTS.**

Bonds are only good if Trustee Reports are done on time and accurate. If trustee reports are not received at Department Headquarters with in thirty (30) days of the end of the quarter, the bond will be suspended until the trustee report is received. Negligently done trustee reports will void any future claims. Claims must be filed within two (2) years of the theft.

All Posts/Districts desiring a Quartermaster Bond should complete this form and return the form along with the proper amount of the premium to:

Department of Mass, VFW  
State House Suite 546-1  
24 Beacon Street  
Boston, MA 02133

**BOND INFORMATION**

I hereby apply for a Quartermaster bond in the principle sum of \$\_\_\_\_\_.00 for the fiscal year September 1, 2024 through August 31, 2025.

VFW Post #:\_\_\_\_\_ VFW District #:\_\_\_\_\_ City:\_\_\_\_\_

Commander's Name:\_\_\_\_\_ Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

**IF BONDED BY A PRIVATE COMPANY PLEASE PROVIDE THE FOLLOWING INFORMATION**

Please be advised that Post #\_\_\_\_\_ Quartermaster is BONDED with an outside bonding company.

Name of Company:\_\_\_\_\_ in the amount of \$\_\_\_\_\_.00

EXPIRATION DATE OF CURRENT BOND IS; \_\_\_\_\_ RENEWAL DATE:\_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received:\_\_\_\_\_ Date Issued:\_\_\_\_\_

Amount Received \$\_\_\_\_\_.00 Deposit Number:\_\_\_\_\_