ILLINOIS DEPARTMENT HEADQUARTERS
Veterans of Foreign Wars

Bond Increase Statement

Email Form

Any Post submitting a request for a bond limit increase mid-term for VFW accountable officers must provide an Increase State below:

_____hereby applies for an increase of Officer bond coverage.
(Post Name and Number)

Increase amount: _____

New total bond amount requested: _____

Cost of bond increase: _____

Payment Options:

1. Make checks out to the Department of Illinois VFW and mail them to State HQ at:
   3300 Constitution Dr
   Springfield, IL 62711
2. Go to www.vfwil.org to pay online. You must allocate the funds to your "Post # Bond"
3. Submit the form online

Regarding the request for an increased bond limit, we confirm that we have had no losses or claims that would affect the coverage provided hereunder.

_____ _____
(Post Commander Signature and Date) *(Post Quartermaster Signature and Date)*

VFW Department Use Only

Prior Bond Amount: _____

Increase Amount: _____

New Bond Total: _____