



# OLD REPUBLIC

"Company" means as interest(s) may appear, the Old Republic Surety Company, any and/or all subsidiary(ies), and/all parent company(ies) of Old Republic Surety Company, and/or any affiliated company(ies) within the Old Republic International General Insurance Group, as well as/or any and/all reinsuring surety(ies), co-surety(ies) and any surety(ies) which have been procured to execute the bond(s), their successors or assigns.

TYPEWRITTEN OR PRINTED ANSWERS PREFERRED. THIS RECORD IS IMPORTANT

Amount \$ \_\_\_\_\_

Premium \$ \_\_\_\_\_

Effective Date \_\_\_\_\_

## APPLICATION FOR FIDELITY BOND (Individual)

PLEASE TYPE OR PRINT LEGIBLY

To \_\_\_\_\_  
The undersigned hereby agrees that you may indemnify \_\_\_\_\_ **Bond No.** \_\_\_\_\_

(Employer) in any amount agreed upon and in such form as may be agreed upon between you and the Employer in respect of the acts of the undersigned and hereby affirms that the following answers are the truth without reservation, and that they are made to induce the company to indemnify the said Employer as herein above mentioned.

### ANSWER ALL QUESTIONS IN FULL - ALL INFORMATION CONFIDENTIAL A confidential letter may be written to supplement answers given below.

PRINT full name \_\_\_\_\_ Address \_\_\_\_\_ street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_

How long have you been residing in present locality? \_\_\_\_\_ Previously where? \_\_\_\_\_ Social Security No. \_\_\_\_\_

What is the nature of this Employer's business? \_\_\_\_\_ When did you enter Employer's service? \_\_\_\_\_ What position will you occupy? \_\_\_\_\_

What salary will you receive? \$ \_\_\_\_\_ Per week month, year \_\_\_\_\_ What other income (give source and approximate amount)? \_\_\_\_\_  
What commission? \_\_\_\_\_

Below state how you have been occupied during past five years, whether employed or not, closely following headings:

From	To	Name and Headquarters address of employer, individual or firm represented, or business conducted by self	Position or occupation	Place where employed or located	Name and present address of manager or supt.	Why did you leave
month	month					
20	20					
month	month					
20	20					
month	month					
20	20					
month	month					
20	20					

Personal References Do not name relatives or former employers	Known Years	Occupation	Post Office Address (number, street, city, state)
1			
2			
3			

Have you ever been discharged? \_\_\_\_\_ Give particulars \_\_\_\_\_

Have you ever been in arrears or default in your present or any previous employment? \_\_\_\_\_ If so, give full particulars \_\_\_\_\_

Do you owe your present or any past employer anything? \_\_\_\_\_ If so, who, how much, how incurred and when due \_\_\_\_\_ What other debts or liabilities? \_\_\_\_\_

Do you own, in your own name, any real estate? \_\_\_\_\_ Amount and description \_\_\_\_\_ Give description and approximate value of your personal property \_\_\_\_\_

Have you ever become insolvent or failed in business? \_\_\_\_\_ When and where? \_\_\_\_\_

Do you carry life insurance? \_\_\_\_\_ Name of company, amount and beneficiary \_\_\_\_\_

Have you ever been bonded by a Surety Company? \_\_\_\_\_ When and by what company? \_\_\_\_\_

Have you ever had a bond cancelled or a bond application declined or been required to furnish indemnity of others or collateral to a Surety Company in connection with a bond? \_\_\_\_\_ Give particulars \_\_\_\_\_

For good and valuable considerations, the undersigned hereby agrees to indemnify and save harmless the Company from and against any and all loss, damage, fees, or expense which it may incur or sustain by reason of having agreed to indemnify as hereinabove set forth against the acts or omissions of the undersigned in the positions mentioned and referred to, or in any other position that may be filled by him, and to make good and reimburse to the Company all sums of money which it may pay or become liable to pay in consequence of any such agreement of indemnity. The undersigned also agrees that the Company may at any or all times decline to assume indemnity in his behalf in any position whatsoever and may at any time terminate such indemnity assumed in his behalf in connection with any position whatsoever, and expressly releases the Company from furnishing reasons for terminating or declining to furnish any such indemnity as aforesaid and from any and all claims, demands, damages or causes of action that may accrue by reason of the failure of the Company to furnish any such reasons. The undersigned also agrees that the Company, or any present or former employer of the undersigned, or any other person, firm or corporation, may disclose and furnish any information which they have obtained or may at any time obtain concerning the undersigned or his affairs and the undersigned hereby expressly releases and discharges the Company and each and all of the said employers, persons, firms or corporations from any and all claims, demands, damages, or causes of action arising by reason of the furnishing or disclosing of such information whether the same be true or not. The undersigned also hereby agrees that the vouchers or other proper evidence showing payment by the Company of any claims, demand, loss, damage, fees, or expenses in connection with any such indemnity in his behalf shall be conclusive evidence of the fact and amount of liability in that respect of the undersigned to the Company, provided that such payment shall have been made by the Company in good faith, believing it was liable therefor.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 \_\_\_\_\_  
 (SEAL)

**APPLICANT  
SIGN HERE**

Witness

Signature of Employee

*NOTE - (MINORS MUST SECURE SIGNATURE OF PARENT(S) OR GUARDIAN(S) AS INDEMNITOR)*

I bind myself jointly and severally with the above employee, for the performance of all the foregoing obligations.

Witness

Signature of Indemnitor

**EMPLOYER'S STATEMENT**

To whom is bond to be payable? \_\_\_\_\_  
 (Indicate exact name in full)

Address \_\_\_\_\_  
 Number Street City State

Nature of business transacted \_\_\_\_\_ Effective date of bond \_\_\_\_\_, 20\_\_\_\_ Amount \$ \_\_\_\_\_

Title of applicant's position \_\_\_\_\_ Location \_\_\_\_\_ Commission \_\_\_\_\_ Salary \$ \_\_\_\_\_

How long has applicant been known to you? \_\_\_\_\_ How long employed? \_\_\_\_\_ Will the applicant handle cash? \_\_\_\_\_ Approximate maximum amount \$ \_\_\_\_\_

How often and by whom checked? \_\_\_\_\_ What securities will applicant handle? \_\_\_\_\_ Sole or joint custody? \_\_\_\_\_

How often and by whom will they be checked? \_\_\_\_\_ Will applicant have custody of other property? \_\_\_\_\_ Indicate nature and value \_\_\_\_\_

How frequently and by whom checked by physical inventory? \_\_\_\_\_ Will applicant sign checks on your behalf? \_\_\_\_\_

By whom will they be countersigned? \_\_\_\_\_

Who will check over cancelled checks and verify bank balances and how frequently? \_\_\_\_\_

Are statements sent monthly to all debtors? \_\_\_\_\_ By whom? \_\_\_\_\_

By whom are replies received? \_\_\_\_\_ By whom are collections made? \_\_\_\_\_

Is a thorough examination of all books and accounts made regularly? \_\_\_\_\_ How often \_\_\_\_\_ By whom? \_\_\_\_\_

When was last examination made? \_\_\_\_\_ Were they correct in every respect? \_\_\_\_\_ Are you aware of any debts or liabilities of applicant to yourself or others? \_\_\_\_\_

If so, give particulars \_\_\_\_\_

The foregoing answers are warranted to be true to the best of the knowledge of the undersigned and the undersigned knows of no reason why the applicant is not entitled to confidence or why the Company cannot safely execute the indemnity applied for. The applicant has always performed his duties in a faithful and satisfactory manner.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Employer)

By \_\_\_\_\_ Title : \_\_\_\_\_

**ALABAMA:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

**ARKANSAS:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**COLORADO:** "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

**DISTRICT OF COLUMBIA:** "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant."

**FLORIDA:** "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

**HAWAII:** "For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

**KENTUCKY:** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

**LOUISIANA:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**MAINE:** "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

**MARYLAND:** "Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison".

**NEW JERSEY:** "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

**NEW MEXICO:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

**NEW YORK:** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

**OHIO:** "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

**OKLAHOMA:** "WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

**PENNSYLVANIA:** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

**RHODE ISLAND:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**TENNESSEE:** "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

**VIRGINIA:** "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

**WASHINGTON:** "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."

**WEST VIRGINIA:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."