



OLD REPUBLIC

APPLICATION FOR SURETY BOND

PLEASE TYPE OR PRINT LEGIBLY

APPLICANT		Bond No. _____	
Name and trade style (if any) _____		Soc. Sec. No. _____	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual, or husband and wife
Full business address _____		Spouses First Name _____	
Business Phone () _____ Residential Phone () _____			
Has applicant, or have any of its principals, ever failed in business, compromised with creditors, been the subject of bankruptcy or surety claims proceedings, or had an application for bond declined? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach a full explanation)			
BOND REQUIRED			
Amount \$ _____		Effective date _____, _____.	
To be filed with (Obligee) _____			
Type of bond _____			
Give below any additional information which the company may need to prepare the bond. Attach copies of any pertinent papers necessary for a full understanding of the situation. e.g. for a Lost Securities Bond, attach copies of correspondence received from the corporation or transfer agent which requires the bond, together with affidavit and bond forms provided			

INDEMNITY AGREEMENT

(A FACSIMILE AND OR SCANNED COPY OF THIS AGREEMENT SHALL BE TREATED AS AN ORIGINAL FOR ALL PURPOSES)

I/We the undersigned declare that the above statements are true and correct. I/We hereby apply to Surety, for a bond or any bonds, continuances, renewals, additions and or increases. I/We agree individually and as a firm to fully indemnify and hold harmless Surety from and against any and all claims, demands or legal expenses of any kind or nature which arise by reason of the execution of any bonds issued pursuant to this Application including attorney fees and costs incurred by Surety in enforcing the terms of this Application. An itemized statement of loss and expense incurred by Surety, sworn to by an officer of Surety, shall be prima facie evidence of the fact and extent of my/our obligation to Surety. At anytime Surety may demand from the undersigned a monetary sum to secure any actual or contingent liability or claim pertaining to the bond.

I/We authorize Surety as well as its successors and assigns to adjust, settle or compromise any claim, demand, suit or judgment upon said bond(s) and defend such suit and appeal such judgment or at Surety's election to have the case, cross-action or proceeding, or any part of it or any appeal, writ of error, certiorari or any part thereof dismissed. Surety may demand from Principal and/or indemnitors sufficient collateral to discharge any claim against Surety by reason of such suretyship. This sum may be used by Surety to pay such claim or be held by Surety as collateral security against loss.

I/We understand the bond(s) applied for is a credit relationship, and authorize Surety, or its authorized agents to gather such credit information it considers necessary and appropriate for purposes of evaluating whether such credit should be granted and/or continued. Each of the undersigned, jointly and severally agree to be bound by the terms of the foregoing Indemnity Agreement, as fully as though each of the undersigned were the sole applicant named herein.

Signed this _____ day of _____ 20____ If sole owner, applicant must sign on behalf of firm. If partnership, authorized partner must sign for partnership. If corporation authorized officer must sign for corporation.

Company Name _____

Signature: _____

(Person authorized to sign for the Company) Print Name: _____ Title: _____

Indemnitors:

Signature: _____ Signature: _____

(Indemnitor) Print Name: _____ (Spouse) Print Name: _____

Signature: _____ Signature: _____

(Indemnitor) Print Name: _____ (Spouse) Print Name: _____

CONFIDENTIAL CREDIT INFORMATION

For bonds required of **BUSINESSES**:
 Principal owners, shareholders, or officers: _____

 Nature of business _____
 Date business established _____
 If business is new, summarize business experience of applicant or of principals.

Name and branch of bank: _____

 Bank balance \$ _____ Line of Credit \$ _____

For bonds required of **INDIVIDUALS**:
 Residence address: _____
 _____ (Number and street)
 _____ (City, state, ZIP) How Long? _____
 Age _____ Occupation _____
 Employer _____
 Annual salary \$ _____ Other income \$ _____
 Name and branch of bank: _____

Bank balance \$ _____ Loan Amount \$ _____
 Real estate owned \$ _____ Mortgage \$ _____
 Securities owned \$ _____ Encumbrance \$ _____

FINANCIAL STATEMENT

As of _____, _____

Financial statements, when required, need not be on this form. The space below is for the convenience of those who do not have signed copies of current financial statements readily available on other forms

ASSETS		DOLLARS	LIABILITIES		DOLLARS
Cash on Hand	-----		Accounts Payable	-----	
Cash in Bank (Name and address of Bank)	-----		Notes Payable—Unsecured:		
Accounts Receivable	-----		Banks	-----	
Merchandise at cost (not on consignment)	-----		Partners of officers	-----	
Other (Describe)	-----		Other	-----	
-----			Notes Payable—Secured:		
-----			Owing to	-----	
TOTAL CURRENT ASSETS			Taxes Payable and other expense	-----	
Land and Buildings (Depreciated Value)	-----		Other Current Liabilities (Describe)	-----	
Machinery, Fixture and Equipment	-----		-----		
(Depreciated Value)	-----		TOTAL CURRENT LIABILITIES		
Due from Others - Not Current (Describe)	-----		Liens or Chattel Mortgages on Equipment	-----	
-----			Mortgages on Real Estate	-----	
Other Assets (describe)	-----		Other Liabilities (Describe)	-----	
-----			TOTAL LIABILITIES		
TOTAL ASSETS			Net Worth	{ Capital \$ ----- Surplus \$ ----- }	
			TOTAL LIABILITIES AND NET WORTH		

Net sales \$ _____ Gross Profit \$ _____ Expenses \$ _____ Net profit \$ _____ Drawings \$ _____

AGENT'S RECOMMENDATION

AGENT _____

I recommend this risk.
 I have executed Please send me this bond.

Remarks: _____

X _____
 Signature of agent

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."