

Agency Name, City, State

BOND TYPE/DESCRIPTION (Provide any special bond form required by Obligee)		BOND AMOUNT
APPLICANT NAME & FULL ADDRESS (name exactly as it appears on your license and/or will appear on your bond)		FEIN
		BUSINESS PHONE
INDEMNITOR'S NAME & FULL ADDRESS	SS#	DATE OF BIRTH
INDEMNITOR'S NAME & FULL ADDRESS	SS#	DATE OF BIRTH

**HAS APPLICANT, BUSINESS OWNER OR INDEMNITOR EVER: (Please provide an explanation for any "Yes" answers)**

- ☐ Yes ☐ No Had any lawsuits, judgments, liens or claims against them?
- ☐ Yes ☐ No Had a bond cancelled, renewal refused or claims paid by a surety company?
- ☐ Yes ☐ No Been convicted of fraud or a felony?
- ☐ Yes ☐ No Had a business-related license suspended or revoked, or currently have open claims or complaints against your license, in this or any other state?

The undersigned applicant and indemnitors (hereinafter the "Indemnitors") hereby request The Hanover Insurance Company or any of its affiliates or subsidiaries (hereinafter "Surety") to issue the above bond. The undersigned hereby certify the truth of all statements in the application and any attachments thereto, which are made a part of the Application and jointly and severally agree:

- 1) to pay the premiums due, for the current bond and any continuation or renewals;
- 2) to completely INDEMNIFY the Surety from and against any and all liabilities, losses, costs, attorneys' fees, and expenses whatsoever which the Surety shall at any time sustain as surety on this bond or any other bond issued on behalf of the Applicant, or for the enforcement of this agreement of indemnity;
- 3) that the Surety shall, without notice, have the right to amend the penalty terms and conditions of any bond issued to the Applicant and this agreement of indemnity shall apply to any such amended bond;
- 4) that the Surety shall have the right to adjust, settle or compromise any claim, demand suit or judgment upon any bond issued on behalf of the Applicant, and the Surety's decision shall be final and conclusive as to the fact and extent of the liability of the undersigned;
- 5) upon demand by the Surety, to deposit current funds with the Surety in amount sufficient to satisfy any claim against the Surety, whether liquidated or not liquidated, that in the Surety's sole discretion is necessary to hold the Surety harmless from any potential loss, cost, or any other expense;
- 6) that if said bond is cancelable, this agreement of indemnity may be terminated as to subsequent liability, upon written notice to the Surety and with written confirmation from the Surety stating when such termination will take effect.

Indemnitor(s) hereby expressly authorize the Surety to access its/their credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) To verify information supplied; (b) For underwriting purposes; and (c) Upon receipt of a notice of claim or potential claim, for debt collection. The Surety may furnish copies of any and all statements, agreements, and financial statements and any information, which it now has or may hereafter obtain concerning each of the Indemnitors, to other persons or companies for the purpose of procuring cosuretyship or reinsurance.

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 false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act and may be subject to civil and/or criminal penalty(ies).

A facsimile signature of this document shall be deemed an original signature for any and all purposes.

IN TESTIMONY WHEREOF, the undersigned have hereto set their hands and seal this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

Applicant \_\_\_\_\_ (Seal)

Witness \_\_\_\_\_ By \_\_\_\_\_  
(Signature and Title)

Witness \_\_\_\_\_ By \_\_\_\_\_  
(Indemnitor)

Witness \_\_\_\_\_ By \_\_\_\_\_  
(Indemnitor)

more

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<b>COURT BOND</b>	<b>SUBMIT COURT DOCUMENTS</b>	Describe Nature Of Action	Bond Amount
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Name & Full Address of Court

Attorney/Law Firm Name

Attorney/Law Firm Full Address

<b>Attachment, Discharge Mechanic's Lien, etc.</b>	Case #	Judgment Date	Judgment Amount
Plaintiff (as appears on court documents)		Defendant (as appears on court documents)	

<b>Receiver, Trustee In Bankruptcy</b>	Do you carry Fidelity Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Carrier
Do you carry Professional Liability Coverage or E&O Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount	Carrier

Debtor Name & Full Address

<b>Administrator, Executor</b>	Date Appointed	Name of Deceased		Date of Death
Applicant's Relationship to Deceased	Applicant's Net Worth	Is there a Will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Applicant Had Prior Custody Of Assets? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Applicant Indebted to Estate? <input type="checkbox"/> Yes <input type="checkbox"/> No (if so, please detail)	Is Applicant A Successor Fiduciary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will Applicant Operate A Business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total Assets of the Estate	Cash	Securities	Real Estate	Other
Liabilities of the Estate	Are there any disputes among Heirs? <input type="checkbox"/> Yes <input type="checkbox"/> No (if so, please detail)		Name of Heir/Beneficiary and Relationship to Deceased	
Name of Heir/Beneficiary and Relationship to Deceased		Name of Heir/Beneficiary and Relationship to Deceased		

<b>Guardian, Conservator, Trustee</b>	Minor/Incompetent Name		Minor/Incompetent DOB	
Where Does Minor/Incompetent Reside?	Are Assets Under Court Restriction or Joint Control? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does Court Require Annual Accounting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Assets of the Estate	Cash	Securities	Real Estate	Other

<b>MISCELLANEOUS BOND</b>	Type Bond	Bond Amount
<b>Patient Trust Fund</b>	<b>SUBMIT FIDELITY DEC PAGE &amp; COPY OF RESIDENT FUND PROCEDURES FROM YOUR EMPLOYEE MANUAL</b>	
<b>Lost Securities</b>	Type Of Instrument/Securities	Are You the Absolute Owner of Instrument/Securities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the Instrument/Securities Endorsed? <input type="checkbox"/> Yes <input type="checkbox"/> No	How was the Instrument/Securities Lost?	
Name & Full Address Of Instrument/Securities Issuer		

<b>PUBLIC OFFICIAL BOND</b>	Position To Be Bonded	Bond Amount	<input type="checkbox"/> Incumbent <input type="checkbox"/> Elected <input type="checkbox"/> Appointed
Obligee Name & Full Address			

Term of Office	State Your Official Duties		
Will You Employee Deputies? <input type="checkbox"/> Yes <input type="checkbox"/> No How Many?	Are They Required To Furnish Bond? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bond Amount	
Do You handle Public Funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Empowered To Draw Check On Such Deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Countersignature Required? <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom?	
If Not, Is A Voucher System Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Of Depository Required? (Attach Resolution) <input type="checkbox"/> Yes <input type="checkbox"/> No		