



Bond # \_\_\_\_\_

Old Republic Surety Company     Old Republic Insurance Company

(CHECK APPLICABLE COMPANY HEREINAFTER REFERRED TO AS THE COMPANY)

## APPLICATION FOR BONDS COVERING LOST OR DESTROYED NOTES

**PLEASE TYPE OR PRINT LEGIBLY**

1. **Applicant:** Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer \_\_\_\_\_  
Net Worth \$ \_\_\_\_\_ Own a Home? \_\_\_\_\_ Value of Home: \$ \_\_\_\_\_

2. **Note information:** Note Dated: \_\_\_\_\_ Maker: \_\_\_\_\_  
Amount of Note: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Date payable: \_\_\_\_\_ Was Note endorsed? \_\_\_\_\_ If so, how? \_\_\_\_\_  
Has note been paid in full? \_\_\_\_\_  
When paid\*: \_\_\_\_\_ If not, how will balance be paid and when? \_\_\_\_\_  
\* *Please attach documentation*

3. **Deed of Trust:** Recorded in County of: \_\_\_\_\_ Date: \_\_\_\_\_  
Book #: \_\_\_\_\_ Page #: \_\_\_\_\_ Trustee: \_\_\_\_\_

4. **Bond:** Amount: \$ \_\_\_\_\_ To Protect: \_\_\_\_\_  
Address: \_\_\_\_\_

I hereby agree, in consideration of the Company as Surety executing the bond herein applied for:

To indemnify and save Surety harmless from any and all liabilities, losses, costs, charges, suits, damages, counsel fees, and expenses of whatever kind or nature, which it shall or may, for any cause, at any time, sustain or incur or be put to, by reason or in consequence of its having executed said bond. And I further agree to waive, and do hereby waive, any right to claim any property, including homestead, as exempt, under the Constitution or laws of the United States of America or any state, from levy, execution, sale or other legal process.

If claim is made against Surety on the bond herein applied for Surety shall have the right to employ its representative to investigate the claim, and to charge all expenses of such investigation to me.

I further agree, if any suits are brought on the bond herein applied for, to permit the company to employ its own counsel to defend such suits; and repay the Surety counsel fees and all other costs and expenses to which the Surety may be put in defense of such suit.

Any payment made in good faith by Surety on account of any such liability, whether or not actually liable therefore shall be conclusive evidence of my liability hereunder.

And, further, being duly sworn, I depose and say:

I am the person last having possession of the original instrument herein referred to and said instrument has been lost or destroyed.

The following are the facts relating its loss or destruction.

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I have not, nor has anyone on my behalf, sold, assigned, endorsed, transferred, hypothecated, or in anywise disposed of the said original instrument or any interest therein.

I make the within statement and representations for the purpose of inducing the company to become Surety for me and I intend said Company shall rely solely thereon.

If more than one signature is affixed to this application, singular pronouns shall be considered plural and the obligation shall be joint and several.

Dated: \_\_\_\_\_

Signature of Indemnitor(s) for Bond

By \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NOTARIAL ACKNOWLEDGEMENT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, before me personally appeared

\_\_\_\_\_

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is subscribed to this instrument and acknowledge that he (she or they) executed it.

(Seal)

\_\_\_\_\_  
Notary Public

**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."