# **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.

# PLEASE TYPE OR PRINT LEGIRLY

AGENCY AGENCY CODE NO. BOND NO.			
	AGENCY	AGENCY CODE NO.	BOND NO.

### I. APPLICATION FOR MISCELLANEOUS BOND

Application is hereby made to the Company for a bond of suretyship, in the penalty of \$				
for the term of	, beginning			
in favor of				
to cover(State, County, City or other obilgee)			(Address)	
1. Name of applicant		Soc	al Security No	
2. Business Address		Zip	Business Tel. No.	
Residence Address		Zip	Residence Tel. No.	
3. Description of applicant's business	Employer			
How long engaged therein?				
4. Financial statement of applicant as of,				

## II. WHERE REQUIRED, ATTACH CURRENT FINANCIAL STATEMENT OR COMPLETE THE FOLLOWING

ASSETS	LIABILITIES	
Cash inBank	Notes payableBank	
(Name bank) Cash in Bank	Due How secured?	
Cash in office, including check for deposit	Notes payable Bank	
Stocks, bonds, etc. (market value) consisting of	Due How secured?	
	Other notes payable(Name to whom payable)	
	(Name to whom payable) Due How secured?	
	Borrowed or due on stock and bonds	
Notes receivable	Accounts payable	
Due How secured?	Not past due \$	
Accounts receivable		
Less than 30 days old \$	Past due \$	
30-60 days old \$	Reserve for income and excess profits taxes	
Over 60 days old \$	Other liabilities, if any, consisting of	
Merchandise, inventories, etc. (at cost)		
Equipment (conservative value)		
Real estate (give location, description and	Mortgage(s) on equipment	
appraised value of each parcel)	Real estate mortgages (give amount on each parcel)	
1	1	
2	2	
3	Total Liabilities	
Other assets, if any, consisting of	Capital stock	
	Surplus and undivided profits	
	Net Worth (if individual or partnership)	
	Total Equity	
Total Assets	Total Liabilities & Equity	

5. Are you liable as endorser or surety for others?

6. Are there any lawsuits, judgments or liens pending against you?\_\_\_\_\_\_

7. Are you interested in any other line of business?\_\_\_\_\_

8. What surety company previously executed your bonds?

9. Have you applied to any other surety company for this bond? \_\_\_\_\_ If so, give full particulars \_\_\_\_\_



8a. Reason for change?\_\_\_\_\_

#### III. INDEMNITY AGREEMENT

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

The undersigned Applicant and Indemnitors, hereby certify and represent the information and statements contained in this application to be true and request the Company to become Surety for and furnish the above bond and such other bond(s) as may now or hereafter be requested on behalf of the named Applicant including any continuation, substitution, extension or alteration thereof, hereby authorizes and requests banks, materialmen or other individuals, firms or corporations, including governmental entities, to furnish any information requested concerning any transaction with the undersigned, and specifically waives any confidentiality requirements whether internal or imposed by statute, regulation, etc. Should the Company execute said bond(s(s), the undersigned agree as follows: (1) To pay the fee and disbursement of counsel, including costs and fees incurred by the Surety in enforcing the terms of the agreement, whether on salary, retainer or othervise, whether pre or post judgment which the Company may sustain or incur for or by reason of said Company writing said bond(s), considering take action and or and clair by the Company and Irights; the company and linghts, title, interest and estate in and to all property, real, personal or mixed, tangible or intangible, wherever situated or of whatever nature and all interests and rights now owned and hereafter acquired and if sold the proceeds therefrom, the foregoing personal and mixed tangible or intangible, wherever situated or of whatever anture and all insensites; all commercial paper, negotiable or otherwise; all accurates, indexes, all inventory and all property assigned undersigned presently have or hereafter tacquires, the assignment being effective as the date hereof, unless there is no abandonment of, breach of, delay or default in the performance of the obligations contracted in or oroverie in such bond of of this agreement with the Company and is signed and traites is agreement, with the company and in the indersigned aport signed presently have or here

The Company may decline to become surety on any bond of the Applicant and in case it does act as surety shall have the right to withdraw or cancel same whenever it shall see fit, without disclosing the reason on which its act is based and the Company shall not be responsible for any loss or damage that may be sustained by reason of such action. Separate actions may be brought as they accrue and that bringing of suit or recovery of judgment shall not prejudice or bar other suits on other causes of action whether therefore or hereafter arising. Nothing shall be construed to waive or abridge any rights or remedies which the Company might have if this instrument were not executed. The Applicant and Indemnitor(s) shall continue to be bound under this agreement even though Surety may accept or release other Agreements of Indemnity.

The Applicant agrees that this Application shall be deemed to have been made in the State of Incorporation of the Company and that the Company's acceptance thereof and performance of the Company's obligations in respect thereof shall be deemed to have taken place in the said State of Incorporation. The Company shall be entitled to enforce the Indemnity Agreement herein contained by an action, arbitration or proceeding brought in the said State of Incorporation or in the State where Company's principal office is located, and the Applicant/Indemnitor agrees that, in any such action, arbitration or proceeding he will be subject to the jurisdiction of any court of competent jurisdiction in the said State of Incorporation and in the State where the Company's principal office is located, and service of process may be made on the Applicant/Indemnitor in any manner then permitted under applicable law, and that venue shall be proper and convenient in the County in which the Company's principal office may be located. Interpretation and enforcement of the said Indemnity Agreement at the Company's option shall be governed by laws of the said State of Incorporation (excluding conflict of laws principal). For the purposes of this paragraph the principal office for the Company shall be deemed to be located in Brookfield, Waukesha County, Wisconsin.

If any provision(s) or sub-part of any provision of this Agreement is held to be void or unenforceable under the laws of the place governing its construction or enforcement, this Agreement shall not be void or unenforceable thereby, but shall continue as though such provision or sub-part of such provision were omitted.

This Agreement shall bind the undersigned, the heirs, executors, administrators, successors and assigns of the undersigned, jointly and severally.

#### AGREEMENT

FAIR CREDIT REPORTING ACT NOTICE This notice is given to comply with the Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable. As part of our underwriting procedure, a routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon request, additional information as to the nature and scope of the report, if one is made, will be provided.

Please be sure application is dated, witnessed or attested, signed and notarized in full.

The Agreement shall be effective this	_day of	,
		Applicant
Witness or Attest:		(SEAL)
		By: (Officers name and title if a corporation)
State of	)	NOTARY ACKNOWLEDGMENT of Applicant's Signature
County of	)	
Subscribed and sworn to before this day of		NOTARY PUBLIC
severally bound thereunder, and by all of the terms, cove	enants, and conditions thereof;	undersigned join or joins in the foregoing Indemnity Agreement, and agree or agrees to be jointly and the undersigned admits and declares that it has a material, substantial, and financial interest in the or in execution of the bond or instrument applied for, and asserts that if a corporation or a partnership is <b>INDEMNITORS</b>
		(SEAL)
WITNESS		Signature

WITNESS:	Signature
	Address (SEAI
WITNESS:	Signature
	Address
State of)	NOTARIAL ACKNOWLEDGMENT of Indemnitors' Signatures
County of )	
Subscribed and sworn to before me this day of ,	NOTARY PUBLI
ORSC 21002	

**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 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 injury, 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."