



# Instructions for Signing the Multi-Purpose Bond Application

**Multi-Purpose Bond Application**

Agency Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**1a**

BOND TYPE/DESCRIPTION (Provide any special bond items required by obligee): \_\_\_\_\_ BOND AMOUNT: \_\_\_\_\_  
APPLICANT NAME, FULL ADDRESS & EMAIL ADDRESS (Enter exactly as it appears on your license and/or all appeal on your bond): \_\_\_\_\_ PERSON: \_\_\_\_\_  
INDEMNITOR'S NAME & FULL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
OBLIGEE'S NAME & FULL ADDRESS (Only required for the bond): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
EFFECTIVE DATE: \_\_\_\_\_

**1b**

HAS APPLICANT, BUSINESS OWNER OR INDEMNITOR EVER? (Please provide an explanation for any "Yes" answers):  
☐ Yes: \_\_\_\_\_  
☐ No: \_\_\_\_\_  
☐ Yes: \_\_\_\_\_  
☐ No: \_\_\_\_\_  
☐ Yes: \_\_\_\_\_  
☐ No: \_\_\_\_\_  
☐ Yes: \_\_\_\_\_  
☐ No: \_\_\_\_\_

**2**

The undersigned applicant and indemnitor (hereinafter the "Indemnitor") 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 renewal;

(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 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 Indemnitor(s), to other persons or companies for the purpose of procuring suretyship 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 offense and is subject to civil and/or criminal penalties.

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

(b) TESTIMONY WHEREOF, the undersigned have hereunto set their hand and seal of \_\_\_\_\_ day of \_\_\_\_\_

Name of Applicant (please print): \_\_\_\_\_ (Seal)

By: \_\_\_\_\_ Witness: \_\_\_\_\_  
By: \_\_\_\_\_ Witness: \_\_\_\_\_  
By: \_\_\_\_\_ Witness: \_\_\_\_\_

The Hanover Insurance Company 1400 Lincoln Street, Worcester, MA 01602  
Citizens Insurance Company of America 100 North High Street, Worcester, MA 01602  
Massachusetts Bay Insurance Company 1400 Lincoln Street, Worcester, MA 01602  
1-800-799-4200 ext. 8

## SECTION 2

A) Individual or sole Proprietorship—The individual or sole owner and spouse should sign Section 2 above the section labeled (Personal Signature as Indemnitor)

By: \_\_\_\_\_ Witness: \_\_\_\_\_  
By: John Smith (Business/Corporate Signature and Printed Title) SS# 000-000-000 Witness: Andrew Johnson  
By: Mary Smith (Personal Signature as Indemnitor) SS# 000-000-000 Witness: Andrew Johnson

B) Partnership—Each partner and his or her spouse should sign Section 2 above the section labeled (Personal Signature as Indemnitor). If additional personal indemnity is required, the individual may sign their name above the section labeled (Personal Signature as Indemnitor).

By: \_\_\_\_\_ Witness: \_\_\_\_\_  
By: John Smith (Business/Corporate Signature and Printed Title) SS# 000-000-000 Witness: Andrew Johnson  
By: Frank Jackson (Personal Signature as Indemnitor) SS# 000-000-000 Witness: Andrew Johnson

C) Corporation—An officer should first sign Section 2 above the section labeled (Business/Corporate Signature and Printed Title). "Owner" is not an acceptable corporate title. If the individual that signed on behalf of the Business is also an owner, they need to sign again personally above the section labeled (Personal Signature as Indemnitor). All other owners that have a 10% or more share in the business should also sign as personal Indemnitors above the section labeled (Personal Signature as Indemnitor).

Name of Applicant (please print) Smith Company, Inc. (Seal)  
By: Sally Smith, President (Business/Corporate Signature and Printed Title) SS# 000-000-000 Witness: Andrew Johnson  
By: Sally Smith (Personal Signature as Indemnitor) SS# 000-000-000 Witness: Andrew Johnson  
By: Frank Jackson (Personal Signature as Indemnitor) SS# 000-000-000 Witness: Andrew Johnson

D) Limited Liability Company (LLC) or Partnership (LLP)—An authorized manager, member, managing member or partner should first sign on behalf of the Limited Liability Company or Partnership should first sign Section 2 above the section labeled (Business/Corporate Signature and Printed Title). "Owner" is not an acceptable LLC or LLP title. The individual that signed on behalf of the LLC or LLP needs to sign personally above the section labeled (Personal Signature as Indemnitor). All other members or partners that have a 10% or more share in the business should also sign as personal Indemnitors above the section labeled (Personal Signature as Indemnitor).

Name of Applicant (please print) Gibson Company, LLC (Seal)  
By: Joseph Gibson, Manager (Business/Corporate Signature and Printed Title) SS# 000-000-000 Witness: Andrew Johnson  
By: Joseph Gibson (Personal Signature as Indemnitor) SS# 000-000-000 Witness: Andrew Johnson  
By: Frank Jackson (Personal Signature as Indemnitor) SS# 000-000-000 Witness: Andrew Johnson

E) Outside Indemnity (Individuals with no ownership in the business)—When outside indemnity is required, the proposed indemnitor should sign Section 2 above the section labeled (Personal Signature as Indemnitor).

By: \_\_\_\_\_ Witness: \_\_\_\_\_  
By: Ann Randall (Business/Corporate Signature and Printed Title) SS# 000-000-000 Witness: Andrew Johnson  
By: Josh Franklin (Personal Signature as Indemnitor) SS# 000-000-000 Witness: Andrew Johnson

## SECTIONS 1A AND 1B

A) Name of Applicant—Section 1a needs to be completed in the name of the Individual, Business, Corporation, Limited Liability Company or Limited Partnership. Section 1b needs to match the name of the Applicant in the top section of the application. Include the date the application is signed in Section 1b.