

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

BOND TYPE/DESCRIPTION (Provide any special bond form required by Obligee)	BOND AMOUNT
APPLICANT NAME, FULL ADDRESS & EMAIL ADDRESS (Name exactly as it appears on your license and/or will appear on your bond)	FEIN/SSN
	PHONE NUMBER
INDEMNITOR'S NAME & FULL ADDRESS	DATE OF BIRTH
OBLIGEE'S NAME & FULL ADDRESS (Entity requiring the bond)	EFFECTIVE DATE

**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 or filed bankruptcy? \_\_\_\_\_
- ☐ 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 \_\_\_\_\_, \_\_\_\_.

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

By \_\_\_\_\_ Witness \_\_\_\_\_  
(Business/Corporate Signature and Printed Title)

By \_\_\_\_\_ SS# \_\_\_\_\_ Witness \_\_\_\_\_  
(Personal Signature as Indemnitor)

By \_\_\_\_\_ SS# \_\_\_\_\_ Witness \_\_\_\_\_  
(Personal Signature as Indemnitor)



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### COURT AND FIDUCIARY BONDS *Submit Court Documents*

Describe Nature of Action: \_\_\_\_\_

Bond Amount: \_\_\_\_\_

Name and Full Address of Court: \_\_\_\_\_

Attorney/Law Firm Name and Address: \_\_\_\_\_

Attorney Email Address: \_\_\_\_\_ Attorney Phone Number: \_\_\_\_\_

#### Administrator, Executor

Date Appointed: \_\_\_\_\_ Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Applicant's Relationship to Deceased: \_\_\_\_\_

Will the Attorney remain throughout the duration of the Estate? ☐ Yes ☐ No

Is there a Will? ☐ Yes ☐ No

Is the Bond demanded by another party besides the court? ☐ Yes ☐ No

Any ongoing business? ☐ Yes ☐ No

Does this Bond replace that of another Bonding Company? ☐ Yes ☐ No

Is Applicant a Successor Fiduciary? ☐ Yes ☐ No

Do you understand all first year premiums are fully earned? ☐ Yes ☐ No

Has Applicant Had Prior Custody of Assets? ☐ Yes ☐ No

If So, please explain in detail: \_\_\_\_\_

Are there any disputes among Heirs? ☐ Yes ☐ No

If So, please explain in detail: \_\_\_\_\_

Is Applicant Indebted to Estate? ☐ Yes ☐ No

If So, please explain in detail: \_\_\_\_\_

Total Assets of the Estate: Cash: \_\_\_\_\_ Securities: \_\_\_\_\_ Real Estate: \_\_\_\_\_ Other: \_\_\_\_\_

Liabilities of the Estate: \_\_\_\_\_

Name of Heir/Beneficiary and Relationship to Deceased: \_\_\_\_\_

#### Guardian, Conservator, Trustee

Minor/Incompetent Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Where does Minor/Incompetent Reside: \_\_\_\_\_

Are Assets Under Court Restriction or Joint Control? ☐ Yes ☐ No

Does Court Require Annual Accounting? ☐ Yes ☐ No

Total Assets of the Estate: Cash: \_\_\_\_\_ Securities: \_\_\_\_\_ Real Estate: \_\_\_\_\_ Other: \_\_\_\_\_

Where will the funds of the Estate be held? \_\_\_\_\_

#### Attachment, Replevin, Discharge Mechanic's Lien, etc.

Case #: \_\_\_\_\_ Judgment Date: \_\_\_\_\_ Judgment Amount: \_\_\_\_\_

Plaintiff (as appears on court documents) \_\_\_\_\_

Defendant (as appears on court documents) \_\_\_\_\_

#### Receiver, Trustee in Bankruptcy

Do you carry Fidelity Coverage? ☐ Yes ☐ No

Amount: \_\_\_\_\_ Carrier: \_\_\_\_\_

Do you carry Professional Liability Coverage or E&O Coverage? ☐ Yes ☐ No

Amount: \_\_\_\_\_ Carrier: \_\_\_\_\_

Debtor Name and Full Address: \_\_\_\_\_



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### MISCELLANEOUS BOND

Type of Bond: \_\_\_\_\_

Bond Amount: \_\_\_\_\_

#### Patient Trust Fund

Do you have Fidelity coverage in place? ☐ Yes ☐ No

#### Lost Securities

Type of Instrument/Securities: \_\_\_\_\_

Are You the Absolute Owner of Instrument/Securities? ☐ Yes ☐ No

Was the Instrument/Securities Endorsed? ☐ Yes ☐ No

How was the Instrument/Securities Lost? (submit receipt or other documentation of lost security): \_\_\_\_\_

Name & Full Address of Instrument/Securities Issuer: \_\_\_\_\_

### PUBLIC OFFICIAL BOND

Position to be Bonded: \_\_\_\_\_

☐ Incumbent ☐ Elected ☐ Appointed

Obligee Name & Full Address: \_\_\_\_\_

Term of Office: \_\_\_\_\_

State your Official Duties: \_\_\_\_\_

How often are your book or accounts examined and by whom? \_\_\_\_\_

What was the date of the last audit? \_\_\_\_\_

Has there been any unsatisfactory audit results? ☐ Yes ☐ No

If Yes, explain: \_\_\_\_\_

Do you handle Public Funds? ☐ Yes ☐ No

Are you empowered to draw checks on such deposits? ☐ Yes ☐ No

Is countersignature required? ☐ Yes ☐ No

By whom? \_\_\_\_\_

If Not, is a voucher system used? ☐ Yes ☐ No

Approval of Depository required? (Attach Resolution) ☐ Yes ☐ No

Are Bank Accounts reconciled by someone not authorized to deposit or withdraw from the Account? ☐ Yes ☐ No



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ADDITIONAL SIGNATURES

By \_\_\_\_\_ Witness \_\_\_\_\_  
(Business/Corporate Signature and Printed Title)

By \_\_\_\_\_ Witness \_\_\_\_\_  
(Business/Corporate Signature and Printed Title)

By \_\_\_\_\_ SS# \_\_\_\_\_ Witness \_\_\_\_\_  
(Personal Signature as Indemnitor)

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