



Public Official Bond
SURETY APPLICATION and
INDEMNITY AGREEMENT

Producer:
(PLEASE PRINT)

- 1. Name of Applicant Social Security No.
2. Home Address Street City State Zip
3. Name of Municipality (Obligee) Phone Number
4. Business Address Street City State Zip County
5. Amount of Bond Have there been any bond losses in last 5 years?
6. Has applicant or predecessor in interest ever been insolvent or bankrupt?
7. Official Title of Applicant Elected Appointed
8. Term of Office years Begins (date) Ends (date)
9. Have you previously occupied this position?
10. Present/Prior Surety Public Official E&O or Liability Insurance Company

- 11. Amount of money handled during an annual term \$
12. Largest amount at any one time under your control \$
13. Have you agreed to use only depositories designated by your superiors?
14. Do employees who reconcile the bank statement also:
Make deposits? Make withdrawals? Sign Checks?
15. Are at least two signatures required on all checks?
16. Who is authorized to sign checks
17. Date of last audit Was it prepared by an independent CPA? By whom?
18. Did the auditor make any recommendations during the last audit?
19. Does the applicant collect taxes?
20. What other Public Official bonds do you furnish? With what surety?
21. Do you employ deputies or subordinates?
22. To whom and when does the applicant make a report of insolvencies and delinquencies?

INDEMNITY AGREEMENT

I certify that the answers given to the foregoing questions are true, and in consideration of the execution of the said bond by Travelers Casualty and Surety Company of America, I agree to indemnify and keep indemnified the said Company from and against any and all claims, costs, charges, suits, damages, counsel fees and expenses for whatever nature of kind which said Company shall or may for any cause, at any time, sustain or incur or be put to for, or by reason on in consequences of, the said Company having executed said bond or any modification, renewal or continuation thereof.

I hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application. I expressly authorize the Company access to credit records for underwriting purposes as well as, upon the establishment of a reserve, debt collection.

Signed this day of (day) (month) (year)

Name of Applicant typed or printed here

X Witness to Individual Signature

X Signature of Applicant Social Security No.