



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 LEGIBLY

APPLICATION FOR PUBLIC OFFICIAL BOND (For Bonds up to \$250,000)

APPLICANT'S NAME AND ADDRESS			AGENT
EXACT NAME OF OBLIGEE TO WHOM BOND IS PAYABLE			AMOUNT OF BOND \$
			PREMIUM PAYMENT <input type="checkbox"/> ANNUAL <input type="checkbox"/> TERM
TERM OF OFFICE <input type="checkbox"/> DEFINITE <input type="checkbox"/> INDEFINITE			OFFICIAL TITLE
BEGINS / /	ENDS / /	<input type="checkbox"/> ELECTED DATE / / <input type="checkbox"/> APPOINTED	
HAS APPLICANT HELD THIS OFFICE BEFORE? WHEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			APPROXIMATE NET WORTH OF APPLICANT \$
SOCIAL SECURITY NUMBER			
ON BONDS OVER \$25,000 ALSO COMPLETE THE FOLLOWING			
OCCUPATION AND EMPLOYER PRIOR TO TAKING OFFICE?			
NUMBER OF DEPUTIES AND SUBORDINATES?			WILL THEY BE BONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO
BY WHOM ARE ACCOUNTS EXAMINED?			WHEN? LAST EXAMINATION DATE / /
ARE TAXES COLLECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT COLLECTED?	WHERE ARE FUNDS DEPOSITED?	
DOES APPLICANT SIGN CHECKS <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DO ALL CHECKS REQUIRE A SECOND SIGNATURE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, PLEASE EXPLAIN
DOES APPLICANT RECONCILE THE BANK ACCOUNTS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

INDEMNITY AGREEMENT

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

The undersigned applicant and/or indemnitors hereby request The Company to become surety for and furnish the above bond and such other bond or bonds as may now or hereafter be required by or on behalf of the above named applicant.

The undersigned certify that the information and statements contained in this application are true, and the undersigned jointly and severally in consideration of the Company becoming surety, or executing or guaranteeing any bond or bonds for the applicant, do for value received hereby covenant, promise and agree to pay the Company the usual premium, and we each jointly and severally agree to indemnify and keep indemnified the said Company from and against any liability, and all loss, costs, charges, suits, damages, counsel fees and expenses of whatever kind of nature which said Company shall at any time sustain or incur, for or by reason, or in consequence of said Company having become surety or entering into such bond or bonds and agree to place the Company in funds to meet any claim or demand before it shall be required to make payment.

That the Company shall have the right and is hereby authorized but not required: (a) to adjust, settle or compromise any claim, demand, suit or judgment upon said bond, and defend such suit and to appeal such judgment; and (b) to fill in any blank or blanks left in this application and indemnity contract, or at its election may have the case, cross-action or proceedings, or any part of it or them dismissed, or any appeal, writ of error, certiorari or any part of the appeal or writ of error or certiorari dismissed (the Company through its Attorney-in-Fact is hereby made the agent and Attorney-in-Fact of the undersigned, and the principals on said bond for all purposes).

This obligation is performable in Milwaukee, Milwaukee County, Wisconsin, where suit may be brought.

Dated this _____ day of _____, _____ .

_____ (SEAL)

_____ (SEAL)

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."

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."

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: Insurer shall place on the application a warning which indicates the existence of a criminal penalty for failure to disclose a conviction for arson.

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."