



APPLICANT BOND NO.

NAME _____ CORPORATION: C Sub Ch. S
 _____ LIMITED LIABILITY COMPANY
 _____ PARTNERSHIP
 _____ FEDERAL ID OR SS#: _____ LIMITED LIABILITY PARTNERSHIP

1 In the case of a partnership add full name and address of each partner; in case of corporation add names and addresses of the principal stockholders or owners.

PROPRIETORSHIP
 INDIVIDUAL

ADDRESS: _____ Phone: _____
 (Street and Number) (City and State) (Zip)

NATURE OF BUSINESS/OCCUPATION: _____ DATE ESTABLISHED: _____

PLEASE ESTIMATE YOUR FIRM'S NET WORTH: \$ _____ PERSONAL NET WORTH: \$ _____

BOND REQUIRED

NAME AND ADDRESS OF OBLIGEE (ENTITY REQUIRING BOND) _____
 _____ (Street and Number, City and State and Zip)

TYPE OF BOND: _____ ATTACH BOND FORM AND ALL PERTINENT INFORMATION

2 BOND AMOUNT: \$ _____ EFFECTIVE DATE: _____ EXPIRATION DATE: _____

HAS ANOTHER SURETY DECLINED OR CANCELLED THIS BOND? _____ IF SO, PLEASE EXPLAIN _____

_____ PAYMENT PLAN: ANNUAL 3 YR. PREPAID

COMPLETE APPROPRIATE SECTION BELOW

LICENSE, PERMIT MISCELLANEOUS

NATURE OF LICENSE OR PERMIT: _____

WHAT OTHER BONDS AND LIABILITY COVERAGES ARE CARRIED BY THE BUSINESS REQUIRING THIS BOND?

3 Liability Insurance B.I. \$ _____ P.D. _____ Automobile B.I. _____ P.D. _____

Umbrella \$ _____ Bonds _____

INSURANCE CARRIER _____ PREMIUM WRITTEN IN HANOVER COS.: _____

FINANCIAL STATEMENT REQUIRED IF CREDIT OR FINANCIAL GUARANTEE – OR – BOND AMOUNT IS OVER \$10,000.

COURT – JUDICIAL PROCEEDINGS

TYPE OF BOND: _____ AMOUNT OF JUDGEMENT: \$ _____

NAME AND LOCATION OF COURT: _____ DATE OF JUDGEMENT: _____

NAME OF PLAINTIFF: _____ DEFENDANT: _____

4 NAME AND ADDRESS OF ATTORNEY: _____ PHONE NUMBER: _____

_____ (Street and Number, City and State and Zip)

DESCRIBE NATURE OF AND REASON FOR ACTION: _____

DESCRIPTION OF PROPERTY INVOLVED: _____ VALUE: \$ _____

_____ DATE ACTION TO BE FILED: _____ DOCKET #: _____

AGREEMENT OF INDEMNITY con't

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 co-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 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.

Signed this ____ day of _____, _____

APPLICANT/INDEMNITOR

Name of Applicant: _____
(Type/Print Name of Applicant)

Social Security Number/Tax I.D.: _____

Witness: _____

(Type/Print Name)

X _____
(Applicant Sign Here)

By _____
If Applicant is an entity, Type/Print Name and Title of Signatory

OTHER INDIVIDUAL INDEMNITORS MUST SIGN BELOW

Name of Indemnitor: _____
(Type/Print Name of Indemnitor)

Witness: _____

(Type/Print Name)

Social Security Number: _____
X _____
(Indemnitor Sign Here)

Name of Indemnitor: _____
(Type/Print Name of Indemnitor)

Witness: _____

(Type/Print Name)

Social Security Number: _____
X _____
(Indemnitor Sign Here)

Name of Indemnitor: _____
(Type/Print Name of Indemnitor)

Witness: _____

(Type/Print Name)

Social Security Number: _____
X _____
(Indemnitor Sign Here)

Name of Indemnitor: _____
(Type/Print Name of Indemnitor)

Witness: _____

(Type/Print Name)

Social Security Number: _____
X _____
(Indemnitor Sign Here)