

APPLICATION FOR PUBLIC AND FEDERAL OFFICIAL BONDS



AGENCY		LOCATION	
AMOUNT	PREMIUM	PAYABLE: <input type="checkbox"/> Annual <input type="checkbox"/> Term	
EFFECTIVE	EXPIRATION	BOND NO.	

APPLICANT'S NAME			
SOCIAL SECURITY NO.		ADDRESS	
AGE	<input type="checkbox"/> Married <input type="checkbox"/> Single	NO. OF DEPENDENTS	APPLICANT'S OFFICIAL TITLE: <input type="checkbox"/> Elected <input type="checkbox"/> Appointed
TERM OF OFFICE, IN YEARS	STATE EXACT TITLE OF GOVERNMENTAL DIVISION OR PUBIC OFFICIAL TO WHOM THE BOND IS GIVEN:	<input type="checkbox"/> New Bond Required Each Year <input type="checkbox"/> Bond May be Renewed by Certificate	
HAVE YOU PREVIOUSLY OCCUPIED THIS OFFICE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, GIVE DATES	WHO THEN EXECUTED YOUR BOND?	
APPROXIMATE AMOUNT OF MONEY, SECURITIES, AND OTHER PROPERTY HANDLED ANNUALLY	MONEY \$	SECURITIES \$	OTHER PROPERTY \$
LARGEST AMOUNT AT ONE TIME UNDER YOUR CONTROL? \$	FOR WHAT LENGTH OF TIME?		
TO WHOM AND HOW OFTEN DO YOU TURN OVER THE RECEIPTS OF YOUR OFFICE?			
WHEN WERE THE ACCOUNTS OF YOUR OFFICE LAST AUDITED?		BY WHOM?	
NUMBER OF DEPUTIES OR CLERKS	ARE ALL BONDED BY CORPORATE SURETY? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, PLEASE GIVE REASON	
GIVE AMOUNT OF BONDS AND NAMES OF SURETIES COVERING DEPUTIES			
STATE YOUR TOTAL ANNUAL INCOME \$	AMOUNTS AND PARTICULARS OF DEBTS, IF ANY		
VALUE OF YOUR PERSONAL PROPERTY \$	VALUE OF REAL ESTATE IN YOUR NAME \$	ENCUMBRANCES, IF ANY	
GIVE PARTICULARS OF EMPLOYMENT DURING LAST FIVE YEARS (NAMES, ADDRESSES, AND DATES):			

TREASURERS and TAX COLLECTORS WILL ALSO COMPLETE THE FOLLOWING:

In what name will bank account be carried? _____

List banks in which funds will be deposited, with maximum balances and security pledged.

Name and Address of Bank

Maximum Balance

Describe Security

By whom have depository banks been designated? _____

Date of last designation _____ Attach certified copy of resolution designating the depositories.

Who has custody of the pledged collateral securities? _____

Where are they kept? _____

How released? _____

If custodian of securities, state amount, \$ _____ Negotiable _____ Non-Negotiable _____

Where kept? _____

Are they under joint control? Yes No If yes, of whom? _____

Are money and securities fully protected by burglary and robbery insurance? Yes No

Do you collect taxes? Yes No Give amount to be collected \$ _____

When will duplicate or levy list be placed in your hands for collection? _____

Are you liable for uncollected taxes? _____

How are you relieved from such responsibility? _____

To whom and when will you make a report of insolvencies and delinquents? _____

When are tax liens filed? _____

I hereby declare that the foregoing statements were made by me and are true, and I hereby apply to GREAT AMERICAN INSURANCE COMPANY, hereinafter called the Company, for a Bond in my behalf as above described. I also hereby agree for myself, my heirs, executors, and administrators as follows:

- (1) To pay to the Company in advance during each year that the bond shall remain in force and until satisfactory evidence of the termination of liability shall be furnished to the Company a premium computed in accordance with the Company's schedules of rates in force at the time such premium shall become due;
- (2) to indemnify the Company against any losses, damages, costs, charges, and expenses it may sustain, incur, or become liable for in consequence of the said Bond, or any renewal thereof, or any new bond issued in continuation thereof or as a substitute therefor;
- (3) that any proper evidence of the payment by the Company of any such losses, damages, costs, charges, or expenses shall be conclusive evidence against me, my heirs, executors, and administrators, of the fact and extent of my liability to the Company under this agreement;
- (4) to render to the Company at any time upon request a statement showing all the receipts and disbursements of my office and the balance on hand and in bank, with a certificate of the bank or banks covering the said balance;
- (5) to allow any duly authorized representative of the Company at any time to make a full examination of all books, records, cash, securities, etc., under my control, and to give all such reasonable facilities and assistance as may be necessary for the said representative to obtain complete knowledge of the true condition of the affairs of my said office;
- (6) to file with the Company a duplicate of all receipts for transfers of funds and a duplicate of the certificates of every examination of the affairs of my said office which may be made as required by law or otherwise;
- (7) that I will not substitute another bond for the one herein applied for during my present term of office without first notifying the Company and obtaining its consent to such substitution and securing a legal release of the Company from all liability under its bond herein applied for from and after the date of the said substituted bond;
- (8) that in case of my failure to comply with covenant numbered (7) or any part thereof, I will continue to pay to the Company the full annual premium upon the Bond herein applied for until the expiration of the said term;
- (9) that if for any reason the Company shall desire to discontinue bonding me in the said office, it shall have the right to do so by appropriate proceedings, and shall be liable to me, if it does so, only for the unearned premium;
- (10) to bond in reasonable penalties, with good and sufficient sureties, all the employees of my office holding positions in which a loss might be caused to my office;
- (11) that the Company shall have the right to decline to grant the Bond applied for, or, in case the Bond is granted, to withdraw or cancel the Bond at any time;
- (12) that the Company shall not be required to disclose the reasons or grounds, upon which any such action on its part in connection with the said Bond may be based, and shall not be responsible for any loss or damage that I may suffer by reason of any such action, any statutory provisions to the contrary being hereby expressly waived by me.

NOTICE: In making this application for commercial insurance underwriting, it is understood that an investigative consumer report may be obtained. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. The Surety is further authorized to conduct a credit investigation of Applicant. Please be advised that you have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

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. *State of N.Y. only.

Dated and signed at _____, this _____ day of _____, _____.
(Town and State)

Witness

(Signature in full of the Applicant)

**IF A PARTICULAR FORM OF BOND IS REQUIRED, ATTACH TWO COPIES.
PLEASE ATTACH COPY OR CERTIFICATION OF AUDIT OF OFFICE.**

STATEMENT OF AGENT: I have known the within Applicant for _____ years and believe him to be thoroughly honest and capable of discharging the duties of his office.

Agent

Address