



APPLICANT	BOND NO.
NAME _____ _____ _____	<input type="checkbox"/> CORPORATION: <input type="checkbox"/> C <input type="checkbox"/> Sub Ch. S <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> INDIVIDUAL
FEDERAL ID OR SS#: _____	
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.	
ADDRESS: _____ (Street and Number) (City and State) (Zip)	Phone: _____
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
BOND AMOUNT: \$ _____ EFFECTIVE DATE: _____ EXPIRATION DATE: _____
2 HAS ANOTHER SURETY DECLINED OR CANCELLED THIS BOND? _____ IF SO, PLEASE EXPLAIN _____ _____ _____
PAYMENT PLAN: <input type="checkbox"/> ANNUAL <input type="checkbox"/> 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?
Liability Insurance B.I. \$ _____ P.D. _____ Automobile B.I. _____ P.D. _____
3 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: _____
NAME AND ADDRESS OF ATTORNEY: _____ PHONE NUMBER: _____ _____ (Street and Number, City and State and Zip)
4 DESCRIBE NATURE OF AND REASON FOR ACTION: _____ _____
DESCRIPTION OF PROPERTY INVOLVED: _____ VALUE: \$ _____
DATE ACTION TO BE FILED: _____ DOCKET #: _____

PROBATE AND OTHER FIDUCIARY

- ADMINISTRATOR
 - EXECUTOR
 - PERSONAL REPRESENTATIVE
 - GUARDIAN
 - CONSERVATOR
 - SALE OF REAL ESTATE
 - TRUSTEE
 - RECEIVER OTHER
- YES NO IS APPLICANT INDEBTED TO ESTATE?
 - YES NO IS BOND REQUIRED ON THE DEMAND OF AN HEIR OR CREDITOR?
 - YES NO WILL APPLICANT OPERATE A BUSINESS FOR ESTATE?
 - YES NO IS APPLICANT A SUCCESSOR FIDUCIARY?
 - YES NO HAS APPLICANT HAD PRIOR CUSTODY OF ASSETS?

(IF ANSWER TO ANY OF THESE QUESTIONS IS YES PLEASE SUBMIT FULL DETAILS TO THE COMPANY FOR APPROVAL PRIOR TO EXECUTING BOND.)

NAME OF DECEASED, WARD OR BANKRUPT: _____

5 NAME AND ADDRESS OF COURT: _____ DOCKET #: _____

NAME AND ADDRESS OF ATTORNEY: _____
PHONE NUMBER: _____

DATE OF APPOINTMENT: _____ RELATIONSHIP TO ESTATE: _____

DATE OF BIRTH OF WARD OR INCOMPETENT: _____ DATE OF DEATH OF DECEASED: _____

ASSETS OF THE ESTATE: CASH \$ _____ STOCKS \$ _____ BONDS \$ _____

REAL ESTATE \$ _____ OTHER ASSETS \$ _____ LIABILITIES: MORTGAGES \$ _____

BORROWED ON SECURITIES \$ _____ OTHER DEBTS \$ _____

PUBLIC OFFICIAL

OFFICIAL TITLE: _____ INCUMBENT ELECTED APPOINTED

TERM OF OFFICE IS: _____ YEARS COMMENCING _____ AND ENDING _____

STATE YOUR OFFICIAL DUTIES: _____

6 WILL YOU EMPLOY DEPUTIES? _____ HOW MANY? _____ ARE THEY REQUIRED TO FURNISH BOND? _____ AMOUNTS \$ _____

DO YOU HANDLE PUBLIC FUNDS? _____ IF SO, ARE YOU EMPOWERED TO DRAW CHECK ON SUCH DEPOSITS? _____

IF YES, IS THE COUNTERSIGNATURE OF ANOTHER REQUIRED, _____ AND OF WHOM? _____

IF NOT, IS A VOUCHER SYSTEM USED? _____ APPROVAL OF DEPOSITORY REQUIRED? YES NO (ATTACH RESOLUTION)

HOW OFTEN ARE YOUR BOOKS & ACCOUNTS EXAMINED? _____ BY WHOM? _____

LAST AUDIT DATE: _____ RESULTS SATISFACTORY? _____ PREMIUM PAYMENT: ANNUAL TERM

AGENT INFORMATION

Agency: _____

7 Address: _____

Agent Code: _____

AGREEMENT OF INDEMNITY

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;
- 8** 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.

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: _____

X _____
(Applicant Sign Here)

(Type/Print Name)

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)

Social Security Number: _____

Witness: _____

X _____
(Indemnitor Sign Here)

(Type/Print Name)

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

Social Security Number: _____

Witness: _____

X _____
(Indemnitor Sign Here)

(Type/Print Name)

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

Social Security Number: _____

Witness: _____

X _____
(Indemnitor Sign Here)

(Type/Print Name)

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

Social Security Number: _____

Witness: _____

X _____
(Indemnitor Sign Here)

(Type/Print Name)