



The undersigned Applicant and indemnitors hereby request The Hanover Insurance Company or any of its affiliates or subsidiaries (hereinafter Surety) to issue a License and Permit Bond. The undersigned hereby certify the truth of all statements in the application and any attachments thereto, which is 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 liability, loss, costs, attorney's fees, and expenses whatsoever which the Company 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;
- 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 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 its 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 it harmless from any potential loss, cost, or any other expense;
- 6) that if said bond is cancelable, this agreement 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.

Indemnitor(s) hereby expressly authorize the Surety to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the 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 company 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, 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.

A facsimile signature of this document shall be deemed an original signature for any and all purposes.

**SIGNATURE OF APPLICANT**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Name of Applicant – Business Name)

Witness: \_\_\_\_\_

By: \_\_\_\_\_

**SIGNATURE OF INDEMNITOR(S)**

Witness: \_\_\_\_\_

By: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Witness: \_\_\_\_\_

By: \_\_\_\_\_

Social Security No. \_\_\_\_\_

AGENT

Agent Name \_\_\_\_\_ Agent Code \_\_\_\_\_