



Old Republic Insurance Company

(CHECK APPLICABLE COMPANY HEREINAFTER REFERRED TO AS THE COMPANY)

AGENCY	BOND NUMBER
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SHORT FORM APPLICATION FOR BOND

APPLICANT INFORMATION

Name of Applicant (as it will appear on bond)	Social Security Number
Address, City, State, Zip	Home Phone Number Business Phone

OWNER INFORMATION (if applicant is a business)

Name of Owner	Social Security Number	Name of Owner	Social Security Number
Address		Address	
City, State, Zip		City, State, Zip	

DESCRIPTION OF BOND

Name of Obligee	Amount	Effective Date
Address		
City, State, Zip	Telephone No. of Obligee	
Purpose of Bond	<input type="checkbox"/> Continuous Until Cancelled <input type="checkbox"/> Expiration Date _____	
Reference Other Bond Numbers		

INDEMNITY AGREEMENT

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

The undersigned Applicant and Indemnitors, hereby certify that the information contained in this application to be true and request the Company to become Surety for and furnish the above bond and such other bond(s) as may now or hereafter be requested on behalf of the named Applicant including any continuation, substitution, extension, or alteration, thereof, and hereby authorize banks, materialmen, or others, including governmental entities, to furnish any information requested concerning any transaction with the undersigned. Should the Company execute said bond(s), the undersigned agree as follows: (1) To pay the usual premiums, including renewal premiums. (2) To indemnify the Company and hold it harmless against all loss, liability, costs, claim damages, expense, including, but not limited to, attorney's fees, investigative costs, etc. which may incur by reason of the Company writing said bond(s) or for the enforcement of this agreement. The Company may decline to become Surety on any bond of the Applicant and, in case it does act as Surety, shall have the right to withdraw or cancel same whenever it shall see fit and shall not be responsible for any loss or damage that may be sustained by reason of such action. Nothing shall be construed to waive or abridge any rights or remedies which the Company might have if this instrument were not executed

The Agreement shall be effective this _____ day of _____, _____.

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 also shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT

_____ (SEAL)

By _____
(Officer's name and title if a corporation)

INDEMNITORS

_____ (SEAL)

_____ (SEAL)

Witness or attest

Witness

Witness