

Any person who knowingly files a statement of claim or any application containing any false or misleading information is subject to criminal and civil penalties.

General	Agency Name		Branch	
	Applicant's Name (Principal)		Social Security Number	Age
	Principal's Business Address			
	Principal's Residence Address			<input type="checkbox"/> Own <input type="checkbox"/> Rent
	Prior Address (if less than 2 years)			

Bond	Type of Bond	Amount of Bond
	To Whom Is Bond Given (Obligee)	
	Obligee's Address	

Underwriting	Account Classification			
	<input type="checkbox"/> Individual(s) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Other (Specify)			
	Occupation or Nature of Business			How Long in Business?
	Owner 1 Name	% Owned	Residence Address	Social Security Number
	Owner 2 Name	% Owned	Residence Address	Social Security Number
	Please mark "Yes" or "No" to the following and explain all "Yes" responses on a separate sheet and provide current status (if applicable).			
	1. <input type="checkbox"/> Yes <input type="checkbox"/> No - Do you have bonds with Allegheny Casualty Company?			
	2. <input type="checkbox"/> Yes <input type="checkbox"/> No - Have you or any business you have been involved with filed for bankruptcy?			
	3. <input type="checkbox"/> Yes <input type="checkbox"/> No - Have you ever failed in business?			
	4. <input type="checkbox"/> Yes <input type="checkbox"/> No - Do you, or your company have unpaid tax obligations?			
5. <input type="checkbox"/> Yes <input type="checkbox"/> No - Have you ever had a claim against a bond?				
6. Within the last 7 years, have you or your company:				
<input type="checkbox"/> Yes <input type="checkbox"/> No - had a lien filed against you > \$500? <input type="checkbox"/> Yes <input type="checkbox"/> No - had a judgment awarded against you > \$500? <input type="checkbox"/> Yes <input type="checkbox"/> No - had any bill owed by you referred to a collection agency (other than medical) > \$500? <input type="checkbox"/> Yes <input type="checkbox"/> No - had any bills over 90 days past due (other than medical)? <input type="checkbox"/> Yes <input type="checkbox"/> No - been in business under any other names?				
Name and Branch of Bank (Business)		Name and Branch of Bank (Personal)		
Address		Address		
Account Number(s)		Account Number(s)		
Insurance Limits				
<input type="checkbox"/> General Liability: <input type="checkbox"/> Property Damage: <input type="checkbox"/> Fidelity:				
A financial statement must be submitted with this application unless specifically waived by the company.				
IMPORTANT - READ AND SIGN INDEMNITY AGREEMENT ON REVERSE SIDE				

The undersigned hereby declares the truth of the representations herein, and that they are made to induce Allegheny Casualty Company (hereinafter called Surety) to issue the Bond(s) applied for. The undersigned agrees that the Surety may decline the Bond(s) applied for or may cancel or terminate same without incurring any liability whatsoever to the undersigned. In consideration of the issuance of the Bond(s) herein applied for, or any Bond(s) in substitution for or in succession of the said Bond(s) or any increase or extension of time of the said Bonds(s), the undersigned hereby agrees:

1. To hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms and corporations in order to confirm and verify information referred to or listed herein;
2. To pay to the Surety the agreed premium upon execution of the Bond(s) and annually in advance thereafter;
3. To furnish the Surety with satisfactory and conclusive termination evidence that there is no further liability on the Bond(s);
4. To perform the conditions of said Bond(s) and indemnify and hold the Surety harmless from all demands, losses, costs, damages and expenses, including attorney's and counsel fees deemed necessary by the Surety, which Surety may sustain or incur by reason of the issuance of such Bond(s), or obtaining a release of or evidence of termination under such Bond(s);
5. That the Surety shall have the exclusive right to adjust, settle or compromise any claim under such Bond(s) unless the undersigned shall in writing request the Surety to litigate such claim and shall deposit immediately with the Surety collateral satisfactory to the Surety in kind and amount;
6. That the voucher or other evidence showing payment made by the Surety in good faith by reason of such Bond(s) or any renewal, extension or substitution thereof shall be conclusive and in any event prima-facie evidence of such payment and the propriety thereof and of the liability of the undersigned therefor to the Surety
7. The undersigned further agrees to reimburse the Surety for all expenses, counsel and attorney fees incurred by the Surety in enforcing any provision of this agreement.

Regardless of the date this Indemnity Agreement is signed, it is effective as of the date of execution of the above mentioned Bond(s) pursuant to certain promises, and agreements made by the Undersigned.

IMPORTANT: All signatures must be notarized. Please attach notary jurat(s).

Dated _____ the day of _____, 20____.

If Applicant(s) is (are) an INDIVIDUAL(S), sign here:

Individual Signature	
Print Name	

Individual Signature	
Print Name	

If Applicant is a PROPRIETORSHIP, sign here:

Name of Proprietorship	
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Individual Proprietor Signature	
Print Name	

If Applicant is a PARTNERSHIP, sign here:

Name of Partnership	
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Individually and as Partner Signature	
Print Name	

Individually and as Partner Signature	
Print Name	

If Applicant is a CORPORATION, sign here:

Name of Corporation	
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Secretary Signature	
Print Name	

President Signature	
Print Name	

In consideration at executing the Bond(s) applied for by the Applicant, the Undersigned, now referred to as Indemnitor(s), acknowledge(s) that the above Indemnity Agreement has been read and the Indemnitor(s) is (are) aware of the contents of the Indemnity Agreement. The Indemnitor(s) agree(s) to be bound by the Indemnity Agreement to the same extent as the Applicant. This obligation imposes individual liability on the Indemnitor(s) as well as joint liability with the Applicant. The Indemnitor(s) has (have) sufficient interest in the performance of this obligation to execute this agreement and is (are) fully empowered to execute this agreement.

ADDITIONAL INDEMNITOR(S), sign here:

(May include spouses of the above signed applicants, owners of closely held corporations and/or third parties)

Individual Signature	
Print Name	

Individual Signature	
Print Name	