

BOND TYPE/DESCRIPTION (Provide any special bond form required by Obligee)		BOND AMOUNT
APPLICANT NAME & FULL ADDRESS (name exactly as it appears on your license and/or will appear on your bond)		FEIN
		BUSINESS PHONE
INDEMNITOR'S NAME & FULL ADDRESS	SS#	DATE OF BIRTH
INDEMNITOR'S NAME & FULL ADDRESS	SS#	DATE OF BIRTH

HAS APPLICANT, BUSINESS OWNER OR INDEMNITOR EVER: (Please provide an explanation for any "Yes" answers)

- Yes No Had any lawsuits, judgments, liens or claims against them?
- Yes No Had a bond cancelled, renewal refused or claims paid by a surety company?
- Yes No Been convicted of fraud or a felony?
- Yes No Had a business-related license suspended or revoked, or currently have open claims or complaints against your license, in this or any other state?

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;
- 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.

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 cosuretyship 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 and dated this _____ day of _____, 20____

_____ Company Name (If Applicable)	_____ Corporate Structure	_____ FEIN
_____ Witness	_____ Authorized Representative Signature	
_____ Indemnitor Name	_____ Title	_____ SSN
_____ Witness Signature	_____ Indemnitor Signature	
_____ Witness Signature	_____ Spouse Signature	_____ Spouse Name