



# The Ohio Casualty Insurance Company

(Do not use this form for bonds on Fiduciaries in Probate or Insolvency Proceedings)

Agent \_\_\_\_\_ Location \_\_\_\_\_

1. Name of Applicant \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address \_\_\_\_\_

2. If Applicant is a co-partnership, give names and addresses of partners:  
\_\_\_\_\_  
\_\_\_\_\_

3. If a Corporation, in what State incorporated? \_\_\_\_\_ Date of incorporation? \_\_\_\_\_

4. Character of Applicant's business? \_\_\_\_\_ Federal I.D. No. \_\_\_\_\_

5. How long in business? \_\_\_\_\_

6. Amount of bond \$ \_\_\_\_\_ Type of Bond \_\_\_\_\_  
(Attachment, Replevin, Appeal, etc.)

7. Title of Case \_\_\_\_\_ vs. \_\_\_\_\_  
(Plaintiff) (Defendant)

8. Name of Court \_\_\_\_\_  
Location \_\_\_\_\_ Case Number \_\_\_\_\_

9. Grounds on which suit is based (explain fully or attach copies of pleadings)  
\_\_\_\_\_  
\_\_\_\_\_

10. Amount of judgment or claim : \$ \_\_\_\_\_ Property attached or replevined: \_\_\_\_\_  
\_\_\_\_\_

11. Name and address of Attorney \_\_\_\_\_

12. Have you applied to any other Company for this bond?  YES  NO  
If so, give full particulars.

The applicant and indemnitor(s), if any, agree to pay the Company's usual premium for this bond, in advance, and the same amount annually thereafter, in advance, so long as the bond, or any new bond, or any renewal thereof, or substitute therefor, shall continue in force, and until there shall have been furnished to the Surety competent, written, legal evidence of its discharge and release from any and all liability upon said bond.

13. Please complete in detail the following statement of your assets and liabilities, specifying as of what date the statement is made:

ASSETS		LIABILITIES	
Cash on hand (not in bank)	\$	Accounts Payable (due in 30 to 60 days)	\$
Cash in following banks:	_____	Accounts Payable, past due	\$
_____	\$	Loans from Banks:	_____
_____	\$	When due   How Secured	\$
_____	\$	_____   _____	\$
Government Bonds	\$	_____   _____	\$
Other securities (market value):	\$	Notes Payable (not to banks):	\$
_____	\$	When due   How Secured	\$
Accounts Receivable due in 30 to 60 days	\$	_____   _____	\$
Accounts Receivable, past due	\$	Chattel Mortgages (describe):	\$
Notes Receivable	\$	_____	\$
Merchandise on hand	\$	_____	\$
Real Estate in MY name:	\$	Mortgages on Real Estate	\$
Description and location	\$	1. _____	\$
1. _____	\$	2. _____	\$
2. _____	\$	3. _____	\$
3. _____	\$	Other Liabilities (describe)	\$
Other Assets (describe):	\$	_____	\$
_____	\$	Capital Stock paid in (if a corporation)	\$
TOTAL ASSETS	\$	Surplus or Net Worth	\$
_____	\$	_____	\$
		TOTAL LIABILITIES	\$
		_____	\$

The undersigned applicant (and indemnitors, if any) hereby request The Ohio Casualty Insurance Company or West American Insurance Company or American Fire and Casualty Company (hereinafter referred to as the Company) to become surety for, and furnish such bond or bonds as may now or hereafter be required by or on behalf of the undersigned applicant (the indemnitors, if any, warranting that they have a substantial, material and beneficial interest in the affairs of the applicant and in the transactions in connection with which such bond(s) are required).

The undersigned applicant (and indemnitors, if any) hereby certify that the statements made in the foregoing application, including the financial statement, are true and are made for the purpose of inducing the Company to execute such bond(s), and the undersigned applicant (and indemnitors, if any), in consideration of the Company executing such bond(s), and for value received, do hereby jointly and severally covenant and agree:

(a) to indemnify and save the Company harmless from and against all liability, claims, losses, costs, damages, suits, charges and expenses of whatsoever kind and nature, including reasonable attorneys fees, which the Company shall at any time sustain or incur, for or by reason or in consequence of the Company having become surety on any such bond(s) or any modification, renewal or continuation thereof, or new bond(s) substituted therefor.

(b) to procure, at the request of the Company, the release and discharge of the Company from any further liability under said bond(s), and should the undersigned fail or refuse to do so, the Company shall have the right to proceed in any manner it may see fit to secure or attempt to secure its discharge, and the undersigned applicant (and indemnitors, if any) waive any and all claims against the Company for damages growing out of such proceedings and agree to reimburse the Company for all expenses, including reasonable attorneys fees, which the Company may incur.

DISCLOSURE TO APPLICANT: You are hereby notified that an investigative consumer report MAY be obtained by the Company. Upon written request additional information as to the nature and scope of the report, if one is made will be provided.

DATED: \_\_\_\_\_

Witness (or Attest): \_\_\_\_\_ Applicant \_\_\_\_\_

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

\_\_\_\_\_ Indemnitor \_\_\_\_\_

\_\_\_\_\_ Indemnitor \_\_\_\_\_

NOTE: If Applicant or Indemnitor is a corporation, corporate name must be signed in full, with the officer's name and title on the line below, and the seal of the corporation affixed, properly attested.

If a co-partnership, firm name must be signed and each member of firm must sign individually.

Submit