



The Ohio Casualty Insurance Company

APPLICATION FOR RECEIVER, TRUSTEE IN BANKRUPTCY OR OTHER INSOLVENCY BOND

Agency \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

1. Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

2. Applicant is: Receiver ; Trustee ; in the \_\_\_\_\_

Court of \_\_\_\_\_ at \_\_\_\_\_

in the case of \_\_\_\_\_ Plaintiff

versus \_\_\_\_\_ Insolvent or Bankrupt

3. Amount of Bond \$ \_\_\_\_\_ Case Number \_\_\_\_\_

4. Nature of Insolvent's Business \_\_\_\_\_

5. What is your connection, if any, with the Insolvent? \_\_\_\_\_

6. Are you indebted to the Insolvent? \_\_\_\_\_ If so, in what amount? \_\_\_\_\_

7. Is the Insolvent indebted to you? \_\_\_\_\_ If so, in what amount? \_\_\_\_\_

8. Will you operate Insolvent's business? \_\_\_\_\_ If so, how long? \_\_\_\_\_

9. Have you given bond in this case before? \_\_\_\_\_ If so, why is change desired? \_\_\_\_\_

**IF ANSWER TO QUESTIONS 6, 7, 8 OR 9 ABOVE IS "YES," SUBMIT FULL INFORMATION TO YOUR REPORTING OFFICE**

10. Estimated value of your own private property: Real Estate \$ \_\_\_\_\_

Personal Property \$ \_\_\_\_\_ Total Amount of your debts? \$ \_\_\_\_\_

11. Name of your Attorney \_\_\_\_\_

Address \_\_\_\_\_

In consideration of the execution by The Ohio Casualty Insurance Company or West American Insurance Company or American Fire and Casualty Company of the bond herein applied for, I agree to pay the usual annual premium of the company in advance while such bond or any continuation thereof remains in force; and I further agree to indemnify and keep indemnified the Company and hold and save it harmless from any and all liability, loss, cost, charges or expenses of whatever kind or nature, including attorney fees, which the Company shall at any time sustain or incur by reason or in consequence of having executed this bond or any continuation or renewal thereof; and to pay over, reimburse, and make good to the Company all sums of money which the Company shall pay on account of the execution of said bond or any continuation or renewal thereof; and I hereby waive any homestead or other exemption to which I may be entitled under the laws of any state of the United States or of the United States of America.

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: \_\_\_\_\_

\_\_\_\_\_  
(Applicant sign here) (Seal)