



MULTI-PURPOSE BOND APPLICATION
 COMPLETE SECTIONS 1, 2, 7 & 8 FOR ALL BONDS PLUS THE
 SECTION WHICH PERTAINS TO THE TYPE OF BOND REQUESTED
 PROBATE - PUBLIC OFFICIAL - LICENSE - COURT - OTHER

The Hanover Insurance Company
 The Hanover Insurance Company
 Massachusetts Bay Insurance Company

 (hereinafter called Company)

APPLICANT BOND NO.

NAME _____ CORPORATION
 _____ PARTNERSHIP
 _____ PROPRIETORSHIP
 SOCIAL SECURITY NUMBER: _____ INDIVIDUAL
 AGE _____

1 (In the case of a partnership add full name and address of each partner; in case of corporation add names and addresses of the principal stockholders or owners.)

ADDRESS: _____ Phone: _____
 (Street and Number) (City and State) (Zip)
 NATURE OF BUSINESS/OCCUPATION: _____ DATE ESTABLISHED: _____
 PLEASE ESTIMATE YOUR FIRM'S NET WORTH: \$ _____ PERSONAL NET WORTH: \$ _____

BOND REQUIRED

NAME AND ADDRESS OF OBLIGEE (ENTITY REQUIRING BOND) _____
 _____ (Street and Number, City and State and Zip)

2 TYPE OF BOND: _____ **ATTACH BOND FORM AND ALL PERTINENT INFORMATION**
 BOND AMOUNT: \$ _____ EFFECTIVE DATE: _____ EXPIRATION DATE: _____
 HAS ANOTHER SURETY DECLINED OR CANCELLED THIS BOND? IF SO, PLEASE EXPLAIN _____

 PAYMENT PLAN: ANNUAL 3 YR. PREPAID

COMPLETE APPROPRIATE SECTION BELOW LICENSE PERMIT MISCELLANEOUS

3 NATURE OF LICENSE OR PERMIT: _____
 WHAT OTHER BONDS AND LIABILITY COVERAGES ARE CARRIED BY THE BUSINESS REQUIRING THIS BOND?
 Liability Insurance B.I. \$ _____ P.D. \$ _____ Automobile B.I. \$ _____ P.D. \$ _____
 Umbrella \$ _____ Bonds _____
 INSURANCE CARRIER _____ PREMIUM WRITTEN IN HANOVER COS \$ _____
FINANCIAL STATEMENT REQUIRED IF CREDIT OR FINANCIAL GUARANTEE - OR - BOND AMOUNT IS OVER \$10,000.

COURT JUDICIAL PROCEEDINGS

4 TYPE OF BOND _____ AMOUNT OF JUDGEMENT \$ _____
 NAME AND LOCATION OF COURT _____ DATE OF JUDGEMENT _____
 NAME OF PLAINTIFF _____ DEFENDANT _____
 NAME AND ADDRESS OF ATTORNEY _____ PHONE NUMBER _____
 _____ (Street and Number, City and State and Zip)
 DESCRIBE NATURE OF AND REASON FOR ACTION _____

DESCRIPTION OF PROPERTY INVOLVED _____ VALUE \$ _____
 DATE ACTION TO BE FILED _____ DOCKET # _____

FINANCIAL STATEMENT REQUIRED ON BONDS OVER \$1,000 (EXCLUDING BANKS AND OTHER FINANCIAL INSTITUTIONS).

PROBATE AND OTHER FIDUCIARY

- | | | | |
|--|--------------------------------|-----------------------------|--|
| <input type="checkbox"/> ADMINISTRATOR | YES <input type="checkbox"/> | NO <input type="checkbox"/> | IS APPLICANT INDEBTED TO ESTATE? |
| <input type="checkbox"/> EXECUTOR | YES <input type="checkbox"/> | NO <input type="checkbox"/> | IS BOND REQUIRED ON THE DEMAND OF AN HEIR OR CREDITOR? |
| <input type="checkbox"/> GUARDIAN | YES <input type="checkbox"/> | NO <input type="checkbox"/> | WILL APPLICANT OPERATE A BUSINESS FOR ESTATE? |
| <input type="checkbox"/> PERSONAL REPRESENTATIVE | YES <input type="checkbox"/> | NO <input type="checkbox"/> | IS APPLICANT A SUCCESSOR FIDUCIARY? |
| <input type="checkbox"/> CONSERVATOR | YES <input type="checkbox"/> | NO <input type="checkbox"/> | HAS APPLICANT HAD PRIOR CUSTODY OF ASSETS IN ANY CAPACITY? |
| <input type="checkbox"/> SALE OF REAL ESTATE | | | |
| <input type="checkbox"/> TRUSTEE | | | |
| <input type="checkbox"/> RECEIVER | <input type="checkbox"/> OTHER | | |

(IF ANSWER TO ANY OF THESE QUESTIONS IS YES PLEASE SUBMIT FULL DETAILS TO THE COMPANY FOR APPROVAL PRIOR TO EXECUTING BOND.)

5 NAME OF DECEASED, WARD OR BANKRUPT _____
 NAME AND ADDRESS OF COURT _____ DOCKET # _____
 NAME AND ADDRESS OF ATTORNEY _____
 _____ (street and number) _____ (city and state) _____ (zip)
 PHONE NUMBER _____
 DATE OF APPOINTMENT _____ RELATIONSHIP OF APPLICANT TO ESTATE _____
 DATE OF BIRTH OF WARD OR INCOMPETENT _____ DATE OF DEATH OF DECEASED _____
ASSETS OF THE ESTATE: CASH \$ _____ STOCKS \$ _____ BONDS \$ _____
 REAL ESTATE \$ _____ OTHER ASSETS \$ _____ LIABILITIES: MORTGAGES \$ _____
 BORROWED ON SECURITIES \$ _____ OTHER DEBTS \$ _____

PUBLIC OFFICIAL

OFFICIAL TITLE: _____ INCUMBENT ELECTED APPOINTED
 TERM OF OFFICE IS: _____ YEARS COMMENCING _____ AND ENDING _____
 STATE YOUR OFFICIAL DUTIES: _____
 WILL YOU EMPLOY DEPUTIES? _____ HOW MANY? _____ ARE THEY REQUIRED TO FURNISH BOND? _____ AMOUNTS \$ _____
 DO YOU HANDLE PUBLIC FUNDS? _____ IF SO, ARE YOU EMPOWERED TO DRAW CHECK ON SUCH DEPOSITS? _____
 IF YES, IS THE COUNTERSIGNATURE OF ANOTHER REQUIRED, _____ AND OF WHOM? _____
 IF NOT, IS A VOUCHER SYSTEM USED? _____ APPROVAL OF DEPOSITORY REQUIRED? YES NO (ATTACH RESOLUTION)
 HOW OFTEN ARE YOUR BOOKS & ACCOUNTS EXAMINED? _____ BY WHOM? _____
 LAST AUDIT DATE: _____ RESULTS SATISFACTORY? _____ PREMIUM PAYMENT: ANNUAL TERM

AGREEMENT OF INDEMNITY

The undersigned applicant and indemnitors hereby request the Company to become surety for the above bond. The undersigned hereby certify the truth of all statements in the application and attachments and jointly and severally agree:

- 1) to pay the usual premiums, including continuations and/or renewals;
- 2) to completely INDEMNIFY the Company from and against any liability, loss, costs, attorney's fees, and expenses whatsoever which the Company shall at any time sustain as surety on this bond or any other bond, or for the enforcement of this agreement;
- 3) that the Company shall, without notice, have the right to amend the penalty terms and conditions of any bond issued for the undersigned and this agreement shall apply to any such amended bond;
- 4) that the Company shall have the right to adjust, settle or compromise any claim, demand suit or judgement upon said bond(s) and its decision in good faith to make any payment shall be final and conclusive as to the fact and extent of the liability of the undersigned;
- 5) upon demand by the Company, to deposit current funds with the Company in amount sufficient to satisfy any claim against the Company by reason of such suretyship;
- 6) that if said bond is cancellable, this agreement may be terminated as to subsequent liability, upon written notice to the Company and with written confirmation from the Company stating when such termination will take effect.

NOTE: Full Collateral may be required for certain types of bonds.

APPLICABLE IN NEW YORK STATE 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, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature of Applicant

Signed this _____ day of _____

(Typed Name of Applicant)

Witness: _____

By _____ (Individual)

Witness: _____

By _____ (Partner)

Witness: _____

By _____ (Partner)

Witness: _____

(Corporate Secretary)

By _____ (President)

In consideration of the execution by the Company of the bond herein applied for, the undersigned, jointly and severally, join in the foregoing indemnity agreement.

SIGNATURES OF INDEMNITORS

Witness _____

_____ Indemnitor

Witness _____

_____ Indemnitor

Witness _____

_____ Indemnitor

AGENT'S RECOMMENDATION

Your recommendation will be helpful and may be the difference between getting a refusal or having the bond written. Tell us what you know and think of the applicant. BOND EXECUTED BY AGENT . . . COMPANY TO EXECUTE BOND . . .

AGENCY NAME: _____ Signature: _____