



THE CINCINNATI INSURANCE COMPANY
 THE CINCINNATI CASUALTY COMPANY
 6200 S Gilmore Rd, Fairfield OH 45014-5496
Commercial Surety Bond Application



Bond No.:

COMPLETED BY AGENCY	Agency Name:		Agency Code:	
	Producer:		Agency P&C Account	Cincinnati Insured
ALL APPLICANTS complete this section Where "Yes" attach explanation	Applicant:			Phone:
	Street Address:			
	City, State, ZIP:			County:
	Type of Bond:	Bond Limit: \$		Effective Date:
	Has there ever been a claim filed under any bond issued on your behalf? Yes No			
	Has the applicant/owner ever declared bankruptcy, either personally or for a business in which you had an ownership interest? Yes No		Has the applicant/owner ever been convicted of a crime other than a minor traffic violation? Yes No	
Mailing Address (if different than above):				
BUSINESS APPLICANT	FEIN:	Industry:	Year established:	
	Sole-Proprietor Partnership Corporation S-Corp LLC Other:			
	Owners/partners & percentages:			
	Parent / Subsidiaries / Affiliates Companies:			
INDIVIDUAL APPLICANT	SSN:	Date of Birth:	Occupation:	Since:
	Any known credit concerns: Yes No If yes, please comment:			

PLEASE COMPLETE THE APPROPRIATE NUMBERED SECTION FOR TYPE OF BOND:

1	LICENSE & PERMIT MISCELLANEOUS	Complete Name and Address of Obligor:				
		[Redacted]				
2	MEDICARE OR MEDICAID SUPPLIER	National Provider No.:	PTAN:			
		Are you licensed / certified by a state agency or board? Yes No				
		If "Yes", State:	License No.:	Since:		
3	LOST SECURITY	Issuer of Security:	[Redacted]			
		Description of Security:	Security Number:	Date of Security:		
		Registered Name / How is it payable?	If stock, number of shares:	Price Per Share:		
		If a check, has payment been stopped? Yes No If "Yes", when?	Was security endorsed? Yes No	Required bond penalty: Fixed Open		
		Has notice of loss been given? Yes No If "Yes", when? To whom?				
		Part of probate case? Yes No If "Yes", probate bond required? Yes No Surety?				
4	*PROBATE Where "Yes" attach explanation	Name of Deceased/Ward:	Applicant Relationship to Deceased/Ward:			
		If Deceased, Date of Death:	If Ward, Age & Condition:	Will any business of the estate be continued by the fiduciary? Yes No		
		Who are the heirs of the estate?			Previous Surety? Yes No	
		Assets of estate: \$ (Personalty)	\$ (Real Estate)	Is there a trust involved? Yes No If Yes, attach trust agreement		
		Name and Address of Attorney: (*Required, see below statement)				
		Name and Address of Court:				
		What is the applicant's experience in handling fiduciary responsibilities?				
5	*COURT Attach court documents	Plaintiff:	Defendant:			
		Name and Address of applicant's Attorney: (*Required, see below statement)				
		Name and Address of Court:				

***FOR PROBATE OR COURT, APPLICANT AGREES TO HAVE AN ATTORNEY HANDLING THE CASE AT ALL TIMES**

GENERAL STATEMENT Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially 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 subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FAIR CREDIT REPORTING ACT PRE-NOTIFICATION:

This is to inform you that, as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through third-party credit reporting agencies and/or personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation and to request a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act". Information obtained during this investigation may be shared with your insurance agent/agency for the purpose of seeking additional information or to provide clarification.

GENERAL INDEMNITY AGREEMENT: The undersigned applicant and indemnitor(s) hereby request The Cincinnati Insurance Company and/or The Cincinnati Casualty Company (the "Company") to become surety for the above applicant for the bond described herein, including any extension, renewal, increase or decrease thereof. The undersigned certify to the truth of all statements in the application and do jointly and severally agree:

- (1) That the Company is authorized to obtain information through third-party credit reporting services and/or personal interviews with third parties such as business associates, financial institutions or others with whom the undersigned may be acquainted or associated and that the Company is further authorized to share such information with the insurance agent/agency as may be necessary for the purpose of seeking additional information or clarification from the undersigned;
- (2) That the Company is authorized to share any information provided or obtained with reinsurance companies contracted to provide surety reinsurance to the Company for the purpose of approving bonds requested by the applicant or for routine underwriting conducted by such reinsurance companies;
- (3) To pay the usual premiums, including but not limited to initial, renewal and amended premiums;
- (4) To supply in a timely manner any such information requested by the Company as is customary and/or reasonable for purpose of underwriting or adjusting claims related to this bond any amendment to or extension thereof or any subsequent bond covered under this agreement;
- (5) That the Company shall have the right to handle or settle any claim or suit in good faith;
- (6) To completely indemnify the Company from and against any liability, loss, cost, attorneys' fees, and expenses whatsoever, including the enforcement of this agreement, which the Company shall at any time sustain as surety or by reason of having been surety on this bond or any other bond issued for applicant;
- (7) That an itemized statement of loss and expense incurred by the Company, sworn to by an officer of the Company, shall be prima facie evidence of the fact and extent of the liability of the undersigned to the Company;
- (8) That upon demand by the Company in the event it deems it necessary to establish a reserve, to deposit cash funds with the Company in an amount sufficient to satisfy any claim against the Company by reason of such suretyship;
- (9) In the event of any payment of loss and/or expense by the Company, to pay the Company interest on such amounts at the legal rate for the State of Ohio from the date such payments are made;
- (10) That the Company may decline to become surety on any bond or may cancel or amend any bond without cause and without any liability which might arise therefrom;
- (11) To hereby waive notice of any change, alteration, or extension of any bond, and agree that this indemnity shall cover any subsequent bond of any type for the applicant that may be issued by the Company;
- (12) That a true photocopy, digital scan, facsimile or other true copy of this agreement and signatures shall not be contested by the undersigned on the basis that is not an original and that such true copy shall be equally binding and enforceable as the original according to all the terms and conditions contained herein;
- (13) That at the Company's discretion, this indemnity agreement shall be governed in all respects by the laws of the State of Ohio and the undersigned applicant and indemnitor(s) hereby waive their defense of personal jurisdiction, and consent to personal jurisdiction and venue of the courts of the State of Ohio and the United States District Courts for the District Courts of Ohio in all actions or proceedings arising from or relating to this indemnity agreement;
- (14) That this indemnity may be cancelled as to subsequent liability by an indemnitor upon "Registered Mail" written notice to the Company at The Cincinnati Insurance Companies, Attention: Surety Department, P.O. Box 145496, Cincinnati, Ohio, 45250-5496, effective thirty (30) days after the earliest day thereafter upon which the Company receives the notice, but this provision shall not apply to bonds already committed to be written for the applicant by the Company or any bonds previously written for the applicant prior to notice.

The undersigned applicant and indemnitor(s) certify that they have read and understood the entirety of this application including each and all of the preceding numbered pages and hereby agree to all of the terms and conditions contained herein.

APPLICANT:

A	Name: _____	
	SIGNED: By: _____ Date: _____ Print Name & Title: _____	WITNESSED: By: _____ Print Name: _____

THIRD-PARTY INDEMNITOR: MUST ATTACH RESOLUTION OF THE BOARD/PARTNERS

B	Name: _____ FEIN: _____			
	Street Address: _____			
	City, State, ZIP: _____ Phone: _____			
	SIGNED: By: _____ Date: _____ Print Name & Title: _____		WITNESSED: By: _____ Print Name: _____	

INDIVIDUAL INDEMNITORS:

C	Name: _____ SSN: _____			
	Street Address: _____			
	City, State, ZIP: _____ Phone: _____			
	SIGNED: By: _____ Date: _____ (INDIVIDUALLY)		WITNESSED: By: _____ Print Name: _____	

D	Name: _____ SSN: _____			
	Street Address: _____			
	City, State, ZIP: _____ Phone: _____			
	SIGNED: By: _____ Date: _____ (INDIVIDUALLY)		WITNESSED: By: _____ Print Name: _____	

E	Name: _____ SSN: _____			
	Street Address: _____			
	City, State, ZIP: _____ Phone: _____			
	SIGNED: By: _____ Date: _____ (INDIVIDUALLY)		WITNESSED: By: _____ Print Name: _____	

F	Name: _____ SSN: _____			
	Street Address: _____			
	City, State, ZIP: _____ Phone: _____			
	SIGNED: By: _____ Date: _____ (INDIVIDUALLY)		WITNESSED: By: _____ Print Name: _____	