



APPLICATION FOR:
LICENSE & PERMIT, PROBATE, COURT,
PUBLIC OFFICIAL, LOST INSTRUMENT BONDS

Agent: _____

- Great American Insurance Company
Great American Insurance Company of New York
Great American Alliance Insurance Company
Great American Assurance Company

Agent's Address: _____

Bond No.: _____

Answer the Questions in this section for all Bonds and complete sections indicated for specific bonds.

Applicant's Full Name: _____

Address of Applicant: _____

- Individual Partnership Corporation LLC

Bond Amount \$ _____ Effective Date: ____/____/____ Anniversary Date: ____/____/____

Federal I.D. # _____ If individual, include SS #: _____

I - Complete for License & Permit Bonds (if financial guarantee provide financial statement)

Nature of Bond Required (Describe in detail) _____

To Whom Given (Name and Address of Oblige)

Nature of Applicant's Business? _____

Date Beginning of Business under present owner or firm name; Year _____

Has Applicant ever failed in business or filed bankruptcy? _____

Give details of any pending lawsuits, judgments, liens, or contingent liabilities. _____

For all License & Permit bonds over \$25,000, please submit current financial statement.

II - Complete for Probate and Other Fiduciary Bonds

Type Bond: Executor Administrator Guardian Other (Describe) _____

Bond filed in _____ Court of _____ County, State of _____

Occupation of Applicant _____ Age _____ Estimated Net Worth \$ _____

Name of Deceased/ Incompetent _____

Relationship to Deceased or Ward _____

Estimated Assets and Liabilities of Estate (or attach copy of inventory or schedule).

Cash & Securities	Personal Property	Real Estate	Debts of Estate
\$ _____	\$ _____	\$ _____	\$ _____

Name and Address of Attorney's Firm: _____

Submit full details if:

	Yes	No
Applicant had prior custody of Assets	<input type="checkbox"/>	<input type="checkbox"/>
Applicant succeeds prior fiduciary	<input type="checkbox"/>	<input type="checkbox"/>
Applicant indebted to estate	<input type="checkbox"/>	<input type="checkbox"/>
A going business is part of the estate	<input type="checkbox"/>	<input type="checkbox"/>
Has prior bond been given?	<input type="checkbox"/>	<input type="checkbox"/>

Will Joint Control be exercised? _____

List of Heirs/Beneficiaries/Minors

_____ Age _____

_____ Age _____

_____ Age _____

Complete for Bankruptcy Bonds (Receivers, Trustees)

Name of Insolvent, Bankrupt, or Title of Case: _____

Nature and Location of Insolvent's Business: _____

Under which Chapter of Bankruptcy will you operate? _____

III - Complete for Court - Judicial Proceedings Bonds (Financial Statement Necessary)

Title of Action: _____ vs _____

Court and County or District: _____

Name of Principal's Attorney: _____

Amount of Claim or Judgment: _____

To Whom is Bond Given: _____

Nature of Action: _____

(Attach copies of pertinent court documents)

IV - Complete for Public Official Bonds

Position: _____ Elected
 Appointed

Effective Date Term begins: ___/___/___ Term Ends: ___/___/___

Have you previously occupied this position? Yes No If so, give details _____

State government division or public official to whom bond is given: _____

Approximate Amount of monies handled? Cash \$ _____ Securities \$ _____
Other Property \$ _____

Largest Amount at one time under your control \$ _____

How often are records audited? _____ By Whom? _____

Number of subordinates? _____ Limits of Fidelity & Crime Insurance _____

Do you write checks? _____ Limit of Authority _____ Countersignature _____

Who reconciles bank statements? _____

Is CPA Audit performed? _____

If you are a Treasurer or Tax Collector complete the following:

In what name is bank account carried _____

List banks where funds are deposited _____

By whom had depository banks been designated? _____

Attach most recent Audit with Management Letter. _____

V - Complete for Lost Instrument Bond (Financial Statement Necessary)

To whom is bond given: _____

Give complete description of the lost instrument: _____

Face Value or Market Value of instrument \$ _____

Has the instrument been endorsed, assigned, or otherwise made negotiable? _____

Give full details as to the circumstances and date of loss _____

In whose name is bond requested? _____

How and when did you become owner? _____

Is required bond fixed penalty or open penalty? _____

(Provide bond form and letter of instruction from Transfer Agent)

Agent's knowledge and/or experience with applicant.

FRAUD WARNING

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of Insurance Fraud.

PLEASE SIGN BELOW FOR SURETY BONDS

The undersigned hereby request Great American Insurance Company, or any of its subsidiaries or affiliates, to become surety on the bond for which application is made. In consideration of the execution of the bond by Great American Insurance Company, applicant agrees as follows:

1. To indemnify and hold the Surety harmless from and against any loss, cost or expense which Surety might incur by reason of having executed this bond, any other bond or any substitutes, modifications or extensions thereof.
2. Payment vouchers or any other evidence of payment by Surety of loss, cost or expense shall constitute prima facie evidence of the fact and the extent of applicant's liability to Surety thereunder.
3. Surety has the right, but not the obligation, to adjust, settle or compromise any claim, suit, judgment or demand upon the bond.
4. Upon demand by surety, applicant must deposit collateral in the form and in the amount requested by Surety.
5. Surety shall have the absolute right to procure its release from future liability under said bond and Surety is hereby released from any damages applicant may sustain by reason of such release.
6. Surety will be permitted, upon reasonable notice, to examine any and all books, records or assets relating to the bond coverage.
7. The above agreements shall bind applicant and his/her heirs, executors, administrators, successors and assigns, jointly and severally.
8. To pay all bond premiums in advance at each bond anniversary until the Surety's liability thereunder is terminated.

THE APPLICANT HEREBY AGREES AS FOLLOWS:

1. The Surety is authorized to conduct a credit investigation of the Applicant and listed affiliates and Applicant will provide all requested financial statements and records.

Dated this _____ Day of _____ .

Witness: _____ Applicant/Principal _____ (L.S.)

Witness: _____ Applicant/Principal _____ (L.S.)

Witness: _____ Applicant/Principal _____ (L.S.)

Witness: _____ Applicant/Principal _____ (L.S.)