

e-mail completed form to:
info@ogy-gmurray.com

or print and Fax to:
(609) 924-8487

Selective Insurance Company of America
40 Wantage Avenue
Branchville, New Jersey 07890
973-948-3000

**APPLICATION FOR BOND – PUBLIC OFFICIALS
(Including Treasurers and Tax Collectors)**

Agent _____

Bond No. _____

Location _____

Premium \$ _____

Bond Information

Application of _____ Office _____
(Give name in full) (Give full title of position for which bond is required.)

Date _____ Term of this office is _____ years beginning _____ and ending _____
(Appointment Date)

Bond in favor of (name and address) _____ (“Obligee”)
(Entity requiring Bond)

Amount of bond \$ _____ Effective date _____

Applicant – Personal Information

1. Social Security # _____
2. Residence Address _____
3. Value of Real Estate owned, if any \$ _____
Amount Encumbered \$ _____ Value of Personal Property owned \$ _____
4. Give particulars and amounts of your debts \$ _____
5. State total income \$ _____ including \$ _____ income from this office
6. a. Have you ever applied to any other source for a bond? If so, state when and to whom.

- b. Has the applicant ever been denied a surety bond? _____
7. Have you previously occupied this position _____ From _____
(If so, give dates)
to _____ Name of Surety _____
8. Occupation Prior to assuming present position _____
9. Does the applicant occupy more than one bonded position? _____

Internal Control Information

10. Is there an annual audit by a CPA or an audit committee? _____
11. The date of the most recent audit report is: _____
(A copy of the audit report is required if bond is in excess of \$750,000.)
12. Name and address of CPA performing audit: _____

13. Approximate amount of money handled during the year: \$ _____

14. Largest amount at one time under your control: \$ _____
15. During what months of the year are your receipts largest? _____
16. In what bank(s) are the receipts of this office now deposited? _____
17. Must the public official use the designated depositories which have been previously approved by the governing bodies of the Obligee? _____
18. Are funds withdrawn from this bank by the check of applicant? _____
19. Is countersignature required on all checks? _____ Who provides the countersignature? _____
20. Are bank accounts reconciled on a monthly basis by someone not authorized to make deposits or withdrawals? _____
If not, please explain what alternate safeguard is in place: _____
21. If tax collector, name and address of entity to whom bond will be issued. _____

FOR PENNSYLVANIA APPLICANTS ONLY:

22. If property tax collector in Pennsylvania, current tax duplicate applicant is responsible for and breakdown of entities where taxes will be remitted.
- County _____
- Township _____
- School District _____
- Other _____

NOTICE TO ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 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 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

KNOWINGLY SUPPLYING FALSE OR MISLEADING INFORMATION MAY CONSTITUTE A CRIME OR RESULT IN CIVIL LIABILITY UNDER APPLICABLE FEDERAL AND STATE LAWS.

IN CONSIDERATION of Selective Insurance Company of America (hereinafter called the Company) acting as surety on the bond herein applied for, I hereby agree, to pay to said Company, at its office in Branchville, New Jersey, or to an authorized local agent, in advance, the premium charge of _____ as the premium for the first year of said bond, and, if said bond be for a definite term, to pay in advance the same amount as the premium for each of the subsequent years of said term, or, if said bond be for an indefinite term, to pay in advance, for each of the subsequent years during which liability under said bond shall continue in force a premium computed in accordance with the Company's schedule of rates in force at the time such premium shall become due, until I serve upon said Company at the said office competent written legal evidence of its discharge from its said suretyship and all liability by reason thereof.

It is agreed that the terms of agreement herein shall be pending upon the applicant in the event of his subsequently holding the said office, and his acceptance, expressed or implied, from the Company of its suretyship covering therein.

That the acceptance by the Company of this agreement or of additional security or of premiums or other compensation for its suretyship shall not in any way abridge, defer or limit its rights, privileges or immunities as surety which it might otherwise have or create against it any liability which would not otherwise exist.

The undersigned further agrees for himself, his heirs, executors, administrators and assigns to indemnify and keep indemnified the Company from and against any liability, loss, costs, charges, suits, damages, counsel fees and expenses of whatever nature which the Company shall or may for any cause, at any time, sustain or be put to in consequence of the Company having executed said bond or bonds, or any renewal, continuation, extension or modification thereof; and that the Company shall have the right to pay or compromise any expense, claim or charge, of the character enumerated in this agreement, and the voucher or other evidence of such payment shall be prima facie evidence of the propriety thereof and of my liability therefore to the Company.

I do also agree that said Company may decline to become surety for me upon the bond therein before applied for, or any other bond or obligation, and that it may cancel or withdraw from such bond, if executed, or any other bond, obligation or suretyship it may execute for me, or any renewal, continuation, extension or modification thereof; and I do also expressly relieve said Company and all others from liability for disclosing or furnishing any information it may have obtained concerning me or my affairs and so also relieve said Company from any compliance with any provisions of any laws concerning the disclosure of any knowledge or information which may have been obtained concerning me or my affairs, and do release and discharge said Company, and every person, association, firm or corporation furnishing it with any information concerning me or my affairs from any and all liability or responsibility under or by reason of any of the provisions of any of said laws, and from any and all claims, demands, causes of action and damages that may have, or purport to have, arisen by reason of any such laws, or any amendments thereof, or supplements thereto.

The Company shall have the right, at its option, to fill in any blanks left herein, to correct any errors in the description of said bond or bonds or any of them, or in said premium or premiums, it being hereby agreed that such insertions, or corrections, when so made shall be **prima facie** correct.

Signed and sealed this _____ day of _____, _____

WITNESS: _____ (L.S.)

(Applicant)

For bonds exceeding \$750,000, a second signature by an authorized representative to the governing body of the Obligee is required below, the purpose of which is to verify the responses to questions 10 to 12 and 16 to 20. The signatory is not indemnifying the surety.

By signing below, I hereby verify the accuracy of the responses to questions 10 to 12 and 16 to 20.

WITNESS: _____ (L.S.)

Print Name: _____ Print Title: _____