

OHIO TOWNSHIP ASSOCIATION RISK MANAGEMENT AUTHORITY

OTARMA

PUBLIC OFFICIALS BOND APPLICATION

Applicant (Principal) _____
Address _____ City _____ State _____ Zip _____

_____ Elected _____ Appointed

Position/Title _____

Bond Amount _____ (Maximum \$10,000)

Effective Date: _____ Expiration Date: _____ or

Term is indefinite _____

Obligee _____ Township/ _____ County
Address _____ City _____ State _____ Zip _____

Have you held this position before? No _____ Yes _____

If Yes, when? _____

Do you or your subordinates handle money or securities? No _____ Yes _____

If so, how much is handled annually? _____

Does an external CPA annually audit the financial accounts and fund balances?

No _____ Yes _____

Total number of employees you directly or indirectly supervise: _____

Has another Surety company declined to write this or any previous bond? No__ Yes __

Have you ever had a bond involuntarily terminated or cancelled? No _____ Yes _____

Has there ever been a claim or legal action against any bond executed on your behalf ?

No _____ Yes _____

Do you have any pending lawsuits, unsatisfied judgments or liens? No _____ Yes _____

Have you declared bankruptcy? No _____ Yes _____

Have you been the subject of any legal or administrative proceedings resulting in disciplinary action? No _____ Yes _____

Have you ever been convicted of a felony? No _____ Yes _____

If yes, explain: _____

The applicant and the Indemnitor hereby authorizes OTARMA to obtain credit reports and histories and to confirm the bank balances claimed, and all other items on any balance sheet or income statement furnished until all liability of OTARMA for any suretyship or claim obligations expire.

Indemnity Agreement

The undersigned Applicant (Principal), hereinafter called the Indemnitor hereby certifies that the foregoing declarations made and answers given are the truth without reservation, and are made for the purpose inducing OTARMA, the Surety, to execute the Public Officials Bond herein applied for and any renewal, continuation or increase of same or any bond of similar nature given in substitution or renewal thereof (all comprehended in the word "bond" as herein used).

If the Ohio Township Association Risk Management Authority (OTARMA) called the "Surety", shall execute the bond applied for, which bond and application are hereby referred to and made a part of this agreement, the undersigned, in consideration thereof, jointly and severally covenant and agree with OTARMA as follows:

The Indemnitor agrees to indemnify the Surety and save it harmless from all loss and expense, including, but not limited to interest, court costs, attorney fees, incurred by the Surety by reason of any claim against the Surety under such Public Officials Bond

The undersigned Indemnitor hereby agrees to deposit upon demand with the Surety an amount sufficient to discharge any claim or any such bond.

In consideration of the Surety executing the bond hereinabove applied for, join in the foregoing indemnity agreement.

Witness _____

(print above name here) _____

Signature of Indemnitor _____

(print above name here) _____

SS # _____