



UNIVERSAL SURETY COMPANY INLAND INSURANCE COMPANY



PO Box 80468
Lincoln, NE 68501

**AGENCY
ADDRESS**

BOND #

FIDELITY APPLICATION			
General	Applicant's name		
	Street Address		Social Security #
	Employer/Occupation		For How Long?
			Single <input type="checkbox"/> Married <input type="checkbox"/>
Have you ever	declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	had a civil judgment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	had a criminal conviction? Yes <input type="checkbox"/> No <input type="checkbox"/>	been bonded? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, name of surety:	

Bond	Obligee Name and Address			Is this a new bond? <input type="checkbox"/> Renewal bond of Universal Surety? <input type="checkbox"/> Prior Bond Number Renewal bond of another surety? <input type="checkbox"/>
	Bond Amount	Requested Effective Date	Bond to Expire	

Complete for All Fidelity Bonds	Employer		How long with employer?	Position		
	Have you ever been discharged from employment? Yes <input type="checkbox"/> No <input type="checkbox"/> (Explain if yes)			Are you paid a salary? <input type="checkbox"/> Salary and commission? <input type="checkbox"/> Commission only? <input type="checkbox"/>	Annual Salary	
	Will applicant sign checks? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is countersignature required? Yes <input type="checkbox"/> No <input type="checkbox"/> By whom?			Annual Commission	
	Other duties			How frequently are audits made? By whom?		
	Does someone not authorized to deposit or withdraw from accounts reconcile bank accounts? Yes <input type="checkbox"/> No <input type="checkbox"/>			How often reconciled?		

ERISA Bonds Only	What is the total plan balance?	What is the legal name of plan?	
	Number of Trustees for Plan	Is the plan audited? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes } How Often? By Whom?
	Is the Plan serviced by an Independent Administrator? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name and address of Administrator:	Does the Plan contain non-qualified assets? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes What are they and what is their value?
	Have non-qualified assets been bought or sold in the last 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	What % of the Plan Assets belongs to the Trustees?	

AGENT'S RECOMMENDATION

Your recommendation will be helpful. Please provide a summary of your experience with the applicant.

INDEMNITY AGREEMENT (READ CAREFULLY)

Application is hereby made for the above bond or undertaking.

In the event that Universal Surety Company or Inland Insurance Company (hereinafter referred to as "Surety") now or in the future executes or procures any bond(s) or undertaking(s) for Applicant, then each of the undersigned represents that the statements contained in the foregoing Application are true and correct, and each of the undersigned further covenants and agrees as follows:

1. Applicant will pay Surety or its agents premiums when due, including annual renewal premiums, until satisfactory evidence of termination of liability has been provided to the Surety.
2. Applicant shall perform all conditions of any bond(s) or undertaking(s) now or in the future executed by Surety or procured by Surety for Applicant. Applicant and the undersigned will furnish written legal proof that Applicant has fully complied with the terms of any and all such bond(s) and undertaking(s).
3. The undersigned will at all times indemnify Surety and save it harmless from and against any and all claims, demands, judgments, liabilities, loss, damage, or expense of every kind and nature, including court costs and attorney fees, which it shall sustain or incur in consequence of it having executed or procured any bond(s) or undertaking(s) for Applicant, including any future bond or undertaking. Upon Surety's demand, the undersigned, and each of them, will deposit sufficient funds as collateral with Surety to meet every such claim, demand, judgment, liability, loss, damage or expense before Surety shall be required to pay the same.
4. Surety shall have the sole and exclusive right to decline to become surety or to withdraw as surety upon any bond(s) or undertaking(s) whenever it sees fit so to do. Surety shall not be required to disclose its reasons for doing so, and Surety shall have no liability to Applicant or any of the undersigned for any loss or damage resulting from said act.
5. Surety shall have the sole right to settle, compromise, adjust or pay any claim, demand or judgment made or rendered against it, by reason of its obligation of suretyship.
6. The obligations provided for herein shall continue in full force and effect until terminated in writing by each indemnitor and provided to Surety; such termination, if any, shall be prospective only, and shall have no effect on any bond(s) or undertaking(s) executed prior to the Surety's receipt of said termination.
7. Surety shall have the right to procure a credit investigation which may include but not be limited to information as to the character, general reputation, personal characteristics and mode of living of any or all of the undersigned and Applicant. This right shall continue so long as Surety continues to provide bonds and/or bonding capacity pursuant hereto, and so long as this agreement is in effect.
8. If this agreement is signed by two or more persons, firms, partnerships or corporations, then all obligations herein assumed shall be joint and several. If any undersigned is a married person, he or she hereby binds any joint and separate estate to the performance hereof. Each of the undersigned agrees that all of the terms of this agreement shall extend to and stand for the protection of Surety, any other surety and/or co-surety procured by it, or any reinsuring person or corporation.

Signed this day of , 20

Witness Signatures (all signatures should be witnessed)

Applicant/Indemnitor Signatures