



UNIVERSAL SURETY COMPANY INLAND INSURANCE COMPANY



PO Box 80468
Lincoln, NE 68501

**AGENCY
ADDRESS**

BOND #

PUBLIC OFFICAL BOND APPLICATION

General	Applicant's name		Single <input type="checkbox"/>
			Married <input type="checkbox"/>
	Street Address		
	Social Security #	Employer/Occupation	For How Long?
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	Title of Position		Is this a new bond? <input type="checkbox"/>
			Renewal bond of Universal/Inland? <input type="checkbox"/>
			Prior Bond Number
Bond Amount	Term of office to	Premium will be paid:	Renewal bond of another surety? <input type="checkbox"/>
		Annually <input type="checkbox"/>	
		In advance for the term <input type="checkbox"/>	
Name of Political Division Bond Runs To			County
			State

Position	Elected <input type="checkbox"/>	By Whom?	Has applicant previously occupied this position? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes { When? Date of last audit?
	Appointed <input type="checkbox"/>			
	Describe any losses during the past eight years (attach explanation if necessary)			
Will position provide primary source of income? Yes <input type="checkbox"/> No <input type="checkbox"/>	Salary/Compensation of position	Per { Month <input type="checkbox"/> Year <input type="checkbox"/>	How many deputies do you employ?	Are deputies bonded? Amount required?

Employment History	Date	Name and address of employer	Position	Supervisor
	From to			
	From to			
	From to			
	From to			
Have you ever been discharged from employment? Yes <input type="checkbox"/> No <input type="checkbox"/> (Explain if yes)				

Internal Controls	Amount of funds handled during the year	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?	How frequently are audits made?
	Amount of securities handled		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?
			<input type="checkbox"/> Copy Attached

