

UNITED CASUALTY AND SURETY INSURANCE COMPANY

APPLICATION FOR LOST SECURITIES BOND

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|--|--|----------------------|---|---|
| Applicant | | Taxpayer I.D. or SS# | Age | Married <input type="checkbox"/> Single <input type="checkbox"/> |
| Address <small>(Street and Number) (City) (County) (State) (Zip)</small> | | | | |
| Occupation or Business | | How long so engaged? | Previous Surety ___ Yes ___ No <small>If yes, give name and reason for change.</small> | |
| Type of Bond LOST SECURITIES BOND | | Amount of Bond \$ | Effective Date | |
| Complete name and address of Oblige | | | | |
| Serial Number and Description (Please submit a copy or sample of the form it was on.) | | Date of Instrument | Payable to Applicant Only? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, who is it payable to? | |
| Are the Securities Endorsed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Describe Manner of Loss? | | Has Notice of Loss been given? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If registered, in whose name? | If a check, has payment been stopped? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? | | If a deed of trust or note, has either been involved in a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No Was a judgement obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

INDEMNITY

The undersigned applicant and indemnitors hereby request United Casualty and Surety Insurance Company (the "Company") to become surety for the above bond. The undersigned hereby certify the truth of all statements in the application, authorize the Company to verify this information and to obtain additional information from any source, and jointly and severally agree:

- (1) To pay the usual premiums, including renewal premiums.
- (2) To completely INDEMNIFY the Company from and against any liability, loss, cost, attorney's fees and expenses whatsoever which the Company shall at any time sustain as surety or by reason of being surety on this bond or any other bond issued for applicant, or for the enforcement of this agreement.
- (3) Upon demand by the Company for any reason whatsoever, to deposit current funds with the Company in an amount sufficient to satisfy any claim against the Company by reason of such liability.
- (4) That the Company shall have the right to handle or settle any claim or suit in good faith. An itemized statement of loss and expense incurred by the Company, sworn to by an officer of the Company, shall be prima facie evidence of the fact and extent of the liability of the undersigned to the Company.
- (5) That the Company may decline to become surety on any bond and may cancel or amend any bond without cause and without any liability which might arise therefrom.
- (6) That the Company shall, without notice, have the right to alter the penalty, terms, and conditions of any bond issued for undersigned, and this agreement shall apply to any such altered bond.
- (7) That if a contract or performance bond is issued hereunder, the undersigned hereby assign to the Company any monies now due or hereafter becoming due under the contract, including all deferred payments and retained percentage, supplies, tools, plants, equipment and materials due or used on the contract, and
- (8) That this indemnity may be canceled as to subsequent liability by an indemnitor upon written notice to the Company at 170 Milk Street, Boston, MA 02109; effective Ten (10) days after the date thereafter upon which the Company could have canceled all bonds in force for applicant.

Signed this _____ day of _____, 19____

| |
|---------------|
| Agent _____ |
| Address _____ |
| Phone _____ |

Note: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting.

170 MILK STREET, BOSTON, MASSACHUSETTS 02109
Phone (800)829-2663 Fax (617)542-3545