

**FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY**

Administrative Office  
1400 American Ln  
Schaumburg, IL 60196

**APPLICATION OF EMPLOYEE**

I hereby make application for fidelity suretyship in my behalf and in favor of my Employer, \_\_\_\_\_, in the amount of \$ \_\_\_\_\_ and in form satisfactory to my Employer, to date from the \_\_\_\_\_ day of \_\_\_\_\_, and for the continuance or renewal of, or any substitution for, such fidelity suretyship at any time thereafter in such form and amount as my Employer may require.

1. Applicant's name *in full* \_\_\_\_\_  
(Print or typewrite the FULL NAME)
  
2. a. Present Home Address of Applicant \_\_\_\_\_  
(No. and Street) (City, State and Zip Code)
  
- b. Previous Home Address of Applicant \_\_\_\_\_  
(No. and Street) (City, State and Zip Code)
  
3. a. Name of Employer/Organization to whom bond is to be given \_\_\_\_\_  
(Give Employer's FULL NAME)  
Address with Zip Code \_\_\_\_\_  
(No. and Street) (City, State and Zip Code)
  
- b. Give nature of Employer's business \_\_\_\_\_ With above Employer since \_\_\_\_\_
  
4. Title of your Position \_\_\_\_\_
  
5. a. Have you ever been bonded? \_\_\_\_\_ By what surety company? \_\_\_\_\_
  
- b. Has your application for bond always been accepted? \_\_\_\_\_ If "No", give full facts on separate sheet.  
(Not applicable in the state of Missouri)
  
6. Has a shortage ever occurred in your accounts? \_\_\_\_\_ If "Yes", give full facts on a separate sheet.
  
7. In the position for which this bond is required:
  - a. If you have authority to sign checks, state for what amount \$ \_\_\_\_\_ Is countersignature required? \_\_\_\_\_  
(Yes or No) (Yes or No)
  
  - b. Do you have authority to sign, issue, register or cancel warehouse receipts? \_\_\_\_\_ Is countersignature required? \_\_\_\_\_  
(Yes or No) (Yes or No)
  
  - c. Do you receive goods, merchandise or other property on consignment? \_\_\_\_\_  
(Yes or No)
  
  - d. What salary will you receive? \_\_\_\_\_ e. If commission, how and when paid? \_\_\_\_\_
  
8. Have you any other income? \_\_\_\_\_ From what source? \_\_\_\_\_ Amount? \$ \_\_\_\_\_  
(Yes or No)
  
9. Give present value of your property holdings: Real Estate \$ \_\_\_\_\_ Incumbrances or mortgages thereon \$ \_\_\_\_\_  
Personal property, including stocks, bonds, mortgages, etc., \$ \_\_\_\_\_ Liens or incumbrances thereon \$ \_\_\_\_\_  
(State to whom pledged and for what purpose)
  
10. Give amount of all debts, in addition to those listed above \$ \_\_\_\_\_ When due? \_\_\_\_\_  
To whom due? \_\_\_\_\_ How Incurred? \_\_\_\_\_  
  
What is your Social Security Number? \_\_\_\_\_
  
11. If ever engaged in business on your own account, give reasons for discontinuance \_\_\_\_\_

12. Have you ever failed in business? \_\_\_\_\_ If "Yes", give full facts on separate sheet.  
(Yes or No)

### PREVIOUS EMPLOYMENT

Give in sequence, beginning with the name of your last employer, the names and addresses of previous employers over a period of ten years, positions occupied, time engaged with each, reasons for leaving each, and also give periods, if any, during which unemployed. This data is important and replies must be full and complete.

FROM	TO	NAME AND ADDRESS OF EMPLOYER (with Zip Code)	EMPLOYMENT LOCATION	NAME AND PRESENT ADDRESS WITH ZIP CODE OF PERSON UNDER WHOM YOU THEN WORKED	WHAT POSITION DID YOU HOLD?	WHY DID YOU LEAVE?
Month	Month					
Year	Year					
Month	Month					
Year	Year					
Month	Month					
Year	Year					
Month	Month					
Year	Year					
Month	Month					
Year	Year					

### REFERENCES OTHER THAN FORMER EMPLOYERS OR RELATIVES

Give at least three. Write clearly and distinctly. Be sure to furnish complete and proper addresses.

NAMES OF REFERENCES	OCCUPATION	P.O. ADDRESS IN FULL (WITH ZIP CODE)

The undersigned does hereby represent that the statements made herein as an inducement to the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, singly or in combination, their successors and assigns (hereinafter called Company) to execute the suretyship applied for herein, are true, and should the Company execute said suretyship, does hereby agree as follows: FIRST, to indemnify the Company against all loss, liability, costs, damages, attorneys' fees and expenses whatsoever, which the Company may sustain or incur by reason or in consequence of having executed said suretyship and in enforcing any of the agreements herein contained; SECOND, that the voucher or vouchers or other evidence of any payment, settlement or compromise of such loss, liability, costs, damages, attorneys' fees and expenses shall be *prima facie* evidence of the fact and extent of my liability in any suit hereunder; THIRD, that the Company shall have the right, and is hereby authorized, but not required, to adjust, settle or compromise any claim, demand, suit or judgment upon said suretyship, unless I shall request the Company to litigate such claim or demand or defend such suit or to appeal from such judgment, and shall deposit with the Company collateral satisfactory to it in kind and amount; FOURTH, that the Company shall have the absolute right to decline to issue said suretyship, or, if issued, to cancel same at any time, and the Company shall be under no obligation to disclose its reasons therefor or give any information in connection therewith, the provisions of any law to the contrary being hereby expressly waived; FIFTH, that the terms and conditions hereof shall inure to the benefit of any company or companies which the Company may procure to execute or to join with it in executing said bond, or to assume reinsurance thereupon; SIXTH, that any one is hereby authorized to furnish the Company any information about me and the Company and its informants are released from any liability on account thereof.

**FRAUD NOTICES:** Prior to signing this Proposal Form, please review the following statutory fraud notices as they may apply to the Company's domicile:

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss 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.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA:** 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.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading statement is guilty of a felony of the third degree.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

**LOUISIANA:** 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.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** 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 civil fines and criminal penalties.

**NEW YORK:** 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 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.

**OHIO:** 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.

**OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing false, incomplete or misleading information is guilty of a felony.

**PENNSYLVANIA:** 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 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.

**TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Signed, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (Year)

WIT \_\_\_\_\_ (SEAL)

SS: \_\_\_\_\_ (Applicant sign *full* name here)