

**OHIO TOWNSHIP ASSOCIATION RISK MANAGEMENT AUTHORITY
PUBLIC OFFICIALS BOND APPLICATION**



Applicant (Principal) _____
 REPLACES (if applicable): _____
 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? _____
 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 any above marked yes, explain: _____

The applicant hereby authorizes OTARMA to obtain credit reports and histories and to confirm bank balances, and all other items on any balance sheet or income statement 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.

Signed this _____ day of _____, _____.

 Name of Applicant / Principal Typed or printed here

X _____
 Witness to Individual signature

X _____
 Signature of Applicant / Principal

SS # _____