



Ohio Township Fiscal Officer
Public Official Bond Application



(PLEASE PRINT)

Applicant / Fiscal Officer Name _____ Social Security No. _____

Home Address: _____

Phone Number : _____ Email Address: _____

Name of Township & County _____

Township Address _____, _____, _____
Street City State Zip

Position (Fiscal Officer or Assistant Fiscal Officer): _____ [] Newly elected [] Re-elected

Amount of Bond _____ Effective Date (Term of office) _____

Annual Budget \$ _____ Any public official bond losses or claims in the last 5 years? Yes No

Have you ever declared bankruptcy? [] Yes [] No If yes, provide full details.

Date of Last Audit by The Auditor of the State of Ohio or CPA Firm _____

Did the auditor make any internal control recommendations during the Last Audit [] Yes [] No

Was there any; Finding for Recovery [] Yes [] No; Material Non-Compliance [] Yes [] No; Noncompliance Citation [] Yes [] No;
Material Weakness [] Yes [] No; or Reportable Condition noted? [] Yes [] No

If yes, provide full details _____

Do you follow the Operating Procedures as set forth in Ohio Code 507? [] Yes [] No

Please attach separate sheet, if answers require additional space.

INDEMNITY AGREEMENT

The undersigned Applicant/Fiscal Officer and Indemnitor(s), all hereinafter referred to as "Indemnitors," hereby certify that the declarations made and answers given are the truth without reservation, and are made for the purpose of inducing TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, ST. PAUL FIRE AND MARINE INSURANCE COMPANY, any of their present or future direct or indirect parent companies, any of the respective present or future direct or indirect affiliates or subsidiaries of such companies and parent companies, and/or any of the aforementioned entities' successors or assigns, hereinafter referred to, individually and/or collectively, as "Company," to furnish a certain bond or undertaking applied for and any renewal and increase of the same or of any bond or undertaking of similar nature given in substitution or renewal thereof (all comprehended in the word "Bond" as herein used). Indemnitors agree that Company may decline the Bond applied for or may cancel or terminate same without incurring liability whatsoever to Indemnitors. In consideration of Company executing said Bond or the forbearance of cancellation of said Bond, the Indemnitors do undertake and agree as follows:

Indemnitors will pay all premiums as they fall due, until Company has been provided with competent legal evidence that the Bond have been duly discharged. Indemnitors will at all times indemnify and exonerate Company from and against any and all loss, cost and expense of whatever kind including unpaid premiums, interest, court costs and counsel fees, as well as any expense incurred or sustained by reason of making any investigation, which it may incur or sustain as a result of or in connection with the furnishing of the Bond and/or the enforcement of this Indemnity Agreement. To this end Indemnitors promise: 1) to promptly reimburse Company for all sums paid and b) to deposit with Company on demand an amount sufficient to discharge any claim made against the Company on this Bond. This sum may be used by Company to pay such claim or be held by Company as collateral security against loss or cost on the Bond.

Indemnitors hereby expressly authorize Company to access credit records and to make such pertinent inquiries as may be necessary from third party sources for underwriting purposes, claim purposes and/or debt collection. To the extent required by law, Company will, upon request, provide notice whether or not a consumer report has been requested by Company, and if so, the name and address of the consumer reporting agency furnishing the report.

Regardless of the date of signature(s), this agreement of indemnity is effective as of the date of execution of the Bond and is continuous until Company is satisfactorily discharged from liability pursuant to the terms and conditions contained herein.

Signed this _____ day of _____, _____.

Name of Applicant / Fiscal Officer Typed or printed here

X _____
Witness to Individual signature

X _____
Signature of Applicant / Fiscal Officer