

APPLICATION FOR LICENSE, PERMIT, OR MISCELLANEOUS BOND

Ager	gent KACo	Location Frankfo	A, KY	
1. Name of Applicant Social Security No				
	Address			
2	2. Amount of Bond \$	Effective Date	*************************************	
3.	3. To Whom Payable			
4.	4. Description of Bond	·····	***************************************	
	***************************************		***************************************	
5 . l	5. If this a License Bond, Date License Expires	rm is Required, Attach Bond Form		
	IF BOND IS OVER \$5,0	OO OR IS A FINANCIAL GU	ARANTEE	
	THE FOLLOWING S	ECTION MUST BE COMPLET	TED .	
	(Financial Guarantees Are L	ivestock Dealers Bonds Tax	Bonds, Etc.)	
6. 1	6. If applicant is a co-partnership, give names and addresses of partners:		••••••	
			•••••	
7. 1	. If a corporation, in what state incorporated?	Date of incorpor	ration	
8. (B. Character of business		Federal I.D. No	
9. H	. Have you applied to any other surety company for this bond? If so, give full particulars			
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10. If	10. If you have furnished a similar bond heretofore, why is new bond desired?			
-		************	***************************************	
11. H.	Have you ever been bankrupt or insolvent?			
12. H	Have you ever compromised with your creditors?			
13. References, (Bankers and Merchants preferred):				
	NAME	OCCUPATION	POST OFFICE ADDRESS	
1	1			
_				
_		**************		
	3			
The applicant and indemnitor(s), if any, agree to pay \$, the Company's usual premium for this bond, in advance, and the same amount annually thereafter, in advance, so long as the bond, or any new bond, or any renewal thereof, or substitute therefor, shall continue in force, and until there shall have been furnished to the Surety competent, written, legal evidence of its discharge and release from any and all liability upon said bond.				

As a basis for consideration of this application please complete in detail the follo	wing financial statement, specifying as of what date the statement is made:		
(as of)			
ASSETS.	LIABILITIES		
Cash in following banks:	Accounts payable:		
····· \$	60 days 30 days Due		
Government Bonds \$	7.1.1.0		
Other securities (market value)	Notes Payable (not to banks) \$\$		
Description:	Loans from Banks:		
\$			
\$			
Accounts Receivable \$			
Notes Receivable			
Merchandise on hand \$	wortgages on Real Estate:		
Real Estate in MY name:	Description and Location		
Description and location	1 \$		
1	2		
2	3		
3	Utner Liabilities (describe):		
Other Assets (describe):	\$		
· · · · · · · · · · · · · · · · · · ·	Capital Stock (Paid in)		
	Surplus or Net Worth\$		
TOTAL ASSETS\$	TOTAL LIABILITIES\$		
The undersigned applicant (and indemnitors, if any) hereby request The Ohio Casturnish such bond or bonds as may now or hereafter be required by or on behalf of the material and beneficial interest in the affairs of the applicant and in the transacti	sualty insurance Company (hereinafter referred to as the Company) to become surety for, and be undersigned applicant (the indemnitors, if any, warranting that they have a substantial cons in connection with which such bond(s) are required).		
The undersigned applicant (and indemnitors, if any) hereby certify that the state made for the purpose of inducing the Company to execute such bond(s), and the underby jointly and soverally covenant and agree:	ments made in the foregoing application, including the financial statement, are true and are rsigned applicant (and indemnitors, if any), in consideration of the Company executing such		
(a) to indemnify and save the Company harmless from and against all liability, including reasonable attorneys fees, which the Company shall at any time sustain or bond(s) or any modification, renewal or continuation thereof, or new bond(s) substi	claims, fosses, costs, damages, suits, charges and expenses of whatsoever kind and nature incur, for or by reason or in consequence of the Company having become surety on any such tuted therefor.		
refuse to do so, the Company shall have the right to proceed in any manner it may	Company from any further liability under said bond(s), and should the undersigned fail or see fit to secure or attempt to secure its discharge, and the undersigned applicant (and ing out of such proceedings and agree to reimburse the Company for all expenses, including		
DATED at State of	, this day of 19		
Witness (or Attest):	pplicant		
	ndemnitor		
NOTE: If Applicant or Indemnitor is a corporation, corporate name must	ndemnitor		
be signed in full, with the officer's name and title on the line below, and the seal of the corporation affixed, properly attested. If a co-partnership, firm name must be signed and each member of firm must sign individually.	ndemnitor		