

General Instructions for Public Official Bonds

Completed Application - Please forward the original (signed and witnessed) application.

- After review additional information may be required.

Premium Payment – An Invoice will be included in your bond package. Please remit payment within 30 days from the issuance of the bond. **If you wish to pay the bond premium via credit card, please call The Bar Plan at 877-553-6376 or visit www.thebarplan.com and click on the Pay Online link.**

Please feel free to mail, fax or e-mail all required information to:

The Bond Department
622 Emerson Road
Suite 100
St. Louis, Missouri 63141
Fax 888 658-6761
bonds@thebarplan.com

The Bar Plan Surety and Fidelity Company
The Bar Plan Mutual Insurance Company

622 Emerson Road, Suite 100, St. Louis, Missouri 63141, (314) 965-3333, Fax (314) 965-7812 or
Toll Free 877-553-6376, Fax (888) 658-6761

Public Official Bond Application
Please print legibly or type

Name of applicant: _____
(Mr./Mrs./Ms.) First Name Middle Initial Last Name

A/K/A or Alias Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Bond Requested: _____ Amount of Bond: _____

Effective Date: _____ Name of Prior Surety: _____

Social Security #: _____ Birth Date: _____

Marital Status: Single Married Divorced Widowed

Do you own a home?: _____ Rent?: _____ Other: _____

Have you ever been convicted or pled guilty to a felony? _____

If yes, please explain: _____

Have you filed for personal bankruptcy?: _____ If yes, when?: _____

Provide the name of all banks at which you hold accounts.: _____

Public Official Information:

1. Give exact title of municipal, county or state government, public official or individual to whom this bond is given: _____
2. Official Title of Applicant: _____ Elected _____ Appointed _____
3. Have you previously occupied this position? _____ If yes, during what period? _____
4. Term of Office: _____ Years Begins (Date) _____ Ends (Date) _____
5. Approximate amount of money handled during the year: \$ _____
6. Largest amount at any one time under your control: \$ _____
7. Are funds deposited as received? Yes () No ()
8. Do you agree to use only depositories designated by your supervisors? Yes () No ()
9. Are funds withdrawn from depository by check of applicant? If yes, is the countersignature of anyone required, and of whom? _____
10. If custodian of securities: Amount \$ _____ Where kept? _____
Are same under joint control? If yes, of Whom? _____
11. Are your accounts audited on an annual basis? If yes, by whom? _____
12. Did the auditor make any recommendations during the last audit? Yes () No ()

If yes, attach a copy of the recommendations and management's response.

13. Do you collect taxes? Yes () No () If yes, give amount to be collected: _____

14. To whom and when will you make a report of insolvencies and delinquents? _____

15. Are you responsible for investment of funds? If yes, is there a published investment policy, which has been approved by the obligee? Yes () No ()

16. Is there someone other than the principal checking at least annually to be sure the investment policy is being followed? Yes () No ()

Attorney Information

Attorney for Principal: _____ Bar # _____

Law Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No. _____ Fax No. _____

E-Mail Address: _____

How did you hear about our bond program? Please circle one choice below:

- Print Ad
- Direct Mailer
- Conferences/Seminar
- Internet/Banner
- Prior Use

** Delivery Method....Regular Mail _____, **USPS Priority Mail 2-5 day average** (at the cost of the client) _____ or Overnight (at the cost of the client) _____

Overnight Acct # _____

Registered Agent Name: _____

Registered Agent Address: _____

City: _____ State: _____ Zip: _____

**** The Bar Plan does not guarantee delivery time of third party shippers, i.e. USPS, Fed-Ex or UPS.**

Agent/Broker Information

Name of Insurance Agent/Broker: _____

Name of Insurance Agency: _____

Agent/Broker/Agency Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax No.: _____

E-Mail Address: _____

SS# or FEIN for Payee _____ Agent/Broker License #: _____

Are you paying fees to a subproducer? Y/N _____. If Yes, complete supplemental application.

Note to Agent, Broker and/or Agency: Please submit a current copy of your Agent, Broker and Agency License with Application.

Note: If the application is not completed in its entirety, it may cause delay in issuing the bond.

Anti-Fraud Notice

The following disclaimer applies only to applicants in the states of Washington and 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 information is guilty of a felony of third degree."

Anti-Fraud Warning

Applicable to Maine, Tennessee and Virginia Applicants only

"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".

Anti-Fraud Warning

Applicable to New York Applicants only

"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 any 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."

Anti-Fraud Notice

Applicable to Kentucky Applicants Only

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

Anti-Fraud Notice

Applicable to Ohio Applicants Only

"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."

Anti-Fraud Notice

Applicable to New Mexico, West Virginia, Rhode Island and Louisiana Applicants Only

"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."

Anti-Fraud Notice

Applicable to DC Applicants Only

"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."

**Anti-Fraud Notice
Applicable to Indiana Applicants Only**

"Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false presents, incomplete or misleading information commits a felony."

**Anti-Fraud Notice
Applicable to Hawaii Applicants Only**

"For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both."

**Anti-Fraud Notice
Applicable to New Jersey Applicants Only**

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

**Anti-Fraud Notice
Applicable to Pennsylvania Applicants Only**

"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 any 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."

**Anti-Fraud Notice
Applicable to Oklahoma Applicants Only**

"WARNING! 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 any false, incomplete or misleading information is guilty of a felony."

**Anti-Fraud Notice
Applicable to Colorado Applicants Only**

"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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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."

**Anti-Fraud Notice
Applicable to Maryland Applicants Only**

"Any person who knowingly or willfully presents a false **or** fraudulent claim for payment of a loss or benefit **or** who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**Anti-Fraud Notice
Applicable to Alabama Applicants Only**

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof."

AGREEMENT OF INDEMNITY-PLEASE READ CAREFULLY
MUST EXECUTE AND FAX BACK PRIOR TO ISSUANCE

In consideration of the execution by The Bar Plan Surety and Fidelity Company or The Bar Plan Mutual Insurance Company, St. Louis, Missouri (whichever issues or continues said bond being hereinafter called "Company"), of the bond herein applied for, I hereby agree:

1. To pay to the Company the premium for the bond in accordance with the rates filed by the Company in the State where the bond shall be filed and further agree to pay annually in advance thereafter the annual renewal charges which are due and to continue to pay such renewal premium charges which shall be due until satisfactory evidence of the release of the Company from all liability under the bond shall have been furnished to the Company, it being understood the usual evidence required is a release from the court signed by the presiding judge specifically releasing the surety from further liability.
2. To indemnify the Company against all loss, liability, costs, damages, attorney's fees and expenses whatever, which the Company may sustain or incur by reason or in consequence of having executed said bond and in enforcing any of the agreements herein contained.
3. 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 bond unless the undersigned shall request the Company to litigate such claim or demand or defend such suit or to appeal from such judgment, and if the undersigned makes such request the undersigned shall deposit with the Company collateral satisfactory to the Company in kind and amount.
4. This Agreement is an instrument executed under seal and will be governed by and construed in accordance with the laws of the State of Missouri. The Company shall have the right to institute any action for collection of any amounts due under this Agreement against Undersigned in the Circuit Court of St. Louis County, Missouri. The Company shall have the right to give notice or to serve process on the Undersigned for the purpose of pursuing any and all remedies against Undersigned in said court. The Undersigned explicitly consents to the jurisdiction and venue of said court. The Undersigned agrees to accept personal service of process with respect to any legal action filed to collect any amounts due under this Agreement.
5. The Company shall have the absolute right to procure its release from said bond under any law for the release of sureties, and the Company is hereby released of and from any damages that may be sustained by me by reason of such release.
6. At any time, and until such time as the liability of the Company is terminated, the Company shall have the right to reasonable access to the books, records, and accounts of the applicant and estate and any bank depository, or other person, firm, or corporation is hereby authorized to furnish the Company any information requested.
7. The above agreements shall bind me and my heirs, executors, administrators, successors and assigns, jointly and severally.
8. Applicant(s) hereby expressly authorize The Bar Plan Mutual Insurance Company or The Bar Plan Surety and Fidelity Company to access his/her/its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) to verify information supplied to Company; (b) for underwriting purposes; and (c) upon receipt of a notice of claim or potential claim, for debt collection.

DISCLOSURE TO APPLICANT given pursuant to the Fair Credit Reporting Act. You are hereby notified that an investigative consumer report including information as to character, general reputation, personal characteristics and mode of living may be obtained by the Company. Upon written request additional information as to the nature and scope of the report, if one is made, will be provided.

Signed, Sealed and Dated this _____ day of _____, 20_____.

Witness

Applicant

Printed Name

Printed Name

Witness

Applicant's Spouse

Printed Name

Printed Name

CERTIFICATE OF DESIGNATION OF DEPOSITORIES **Bond No.** _____

Name of Public Official _____

Name of Governmental Entity _____

This is to certify that the following financial institutions are duly designed as depositories for the funds of _____.

NAME OF FINANCIAL INSTITUTION	CITY	STATE
_____	_____	_____
_____	_____	_____

Date

Governmental Entity

Secretary