



RLI Insurance Company
 P.O. Box 3967 Peoria IL 61612-3967
 Phone: 309-692-1000 Fax: 309-692-8637

Public Official Application

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|------------------------------|--|----------------|------------------------------|-------------------|-------|---------------|--|-----------|------------------------|--|
| APPLICANT INFORMATION | | Applicant Name | | Soc. Security No. | | Date of Birth | | Telephone | | |
| Address | | | City | | State | Zip | Previous Surety? (If yes, give name and reason for change) | | | |
| | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Official Title | | | Other or Previous Occupation | | | | <input type="checkbox"/> Elected <input type="checkbox"/> Appointed | | Date Elected/Appointed | |
| Term of Office | | | | | | | | | | |

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|--------------------------------------|--|--------------|--|--|--|----------------|--|------------------|--|
| BOND INFORMATION | | Type of Bond | | | | Amount of Bond | | Effective Date | |
| Complete Name and Address of Obligee | | | | | | | | Telephone Number | |

OTHER INFORMATION Complete this section only for Treasurer or Tax Collector Bonds exceeding \$250,000.

In what banks will the receipts of this office be deposited? _____

Do you agree to deposit moneys in your custody only in legally designated and qualified depositories? Yes No

Do you agree to deposit funds only in banks which are protected in full by a corporate depository or other securities? Yes No

Are funds withdrawn from depository by check of applicant? Yes No

If so, is the countersignature of anyone required, and of whom? _____

By whom are your accounts examined and at what intervals? _____

INDEMNIFICATION AGREEMENT

I agree to indemnify **RLI Insurance Company** and/or **RLI Indemnity Company** (hereinafter "Surety") in connection with any bond executed on behalf of the person or entity named as "Applicant" above. I certify that all the information provided is true, and acknowledge that Surety is relying on this information to issue a bond. I agree that proof of the falsity of any statement will be prima facie proof of material, intentional and fraudulent misrepresentation for all purposes of law and equity. I authorize Surety or its agents to investigate my credit, now and at any time in the future, with any institution, person or entity. I further agree: **FIRST:** To pay Surety each premium or premiums due, until satisfactory evidence that Surety's liability is terminated and agree that such premium is fully earned upon issuance of a bond and is not refundable in the first year of coverage. **SECOND:** To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgement against the bond, including any legal fees and expenses. **THIRD:** To hold harmless and indemnify Surety from any and all liability, damages, losses, costs and expenses of every kind including attorney fees, which may be sustained or incurred arising out of the execution enforcement, procurement of release, or other action involving the application and/or issuance of the bond. **FOURTH:** To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from the date such payments are made. **FIFTH:** That Surety has the exclusive right to defend, settle, pay or appeal any claim, and an itemized statement of loss and expense incurred by Surety shall be prima facie evidence of the fact and extent of my liability to Surety. **SIXTH:** That Surety may decline to become a surety on any bond, may cancel or amend any bond with or without cause, alter the penalty, terms and conditions of any bond, complete any blanks contained in the Application or Indemnity Agreement at the time of execution, or procure its release from said suretyship under any law for release of sureties; all without liability to Surety thereon. **SEVENTH:** To provide Surety with cash or other property acceptable to Surety, upon demand, as collateral security for any loss reserve. Surety may hold such collateral security until it has determined that it is no longer exposed to a loss and may retain or sell the collateral security to reimburse itself. **EIGHTH:** That a facsimile copy of this Agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original Agreement. **NINTH:** I agree that I cannot terminate my liability to the Surety created by this agreement except by sending written notice by certified mail of intent to terminate to the Surety. Written notice to terminate shall be sent to the Surety at its home office, 9025 N. Lindbergh Dr. Peoria, IL 61615. I agree that the termination will be effective thirty working days after the actual receipt of such notice by the Surety, but only for bonds signed or committed to by Surety after the effective date. Thus, I agree that I will remain liable to the Surety for loss on bonds signed or committed to by Surety prior to the effective date of termination. **TENTH:** This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.

Applicant Name (Printed) _____
 (Exactly As Above)

Today's Date _____ **X** _____

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|---------------------------------|--|-------------------|--|------|-----------|---------|------|--|-------|-----|
| AGENT/BROKER INFORMATION | | Agent/Broker Name | | Code | Phone No. | Fax No. | City | | State | Zip |
|---------------------------------|--|-------------------|--|------|-----------|---------|------|--|-------|-----|

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| AGENT'S RECOMMENDATION | | | | | COMMENTS | | | | | |
| <input type="checkbox"/> We are not very familiar with this applicant. <input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her. <input type="checkbox"/> We know applicant very well and offer our highest recommendation. | | | | | _____ _____ _____ | | | | | |