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

Short Form Indemnity Application

APPLICANT INFORMATION	Applicant Name (must be exactly as it is to appear on bond)			☐ Individual ☐ Corporation ☐ LLP ☐ Partnership ☐ LLC
Applicant Address	City	State	Zip	Total Number of Owners

BOND INFORMATION	Type of Bond	Bond Amount	Effective Date
Obligee Name and Address			

PERSONAL INFORMATION	Personal information must be completed on all owners, members, partners or corporate owners. Please make a copy of this application if additional space is required.			
Individual's Name		Social Security No.	Percent Ownership	☐ Single ☐ Married
Spouse Name		Social Security No.	Percent Ownership	
Home Address	City	State	Zip	Number of Years Experience

I agree to indemnify **RLI Insurance Company/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:

1) 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.
2) To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgment against the bond, including legal fees and expenses.
3) 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.
4) To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from date such payments are made.
5) 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.
6) 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.
7) 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.
8) 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 statement.
9) 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 ommitted 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.
10) This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.
11) I agree that I have READ AND UNDERSTOOD this agreement, that I am signing as a PERSONAL INDEMNITOR, on behalf of my MARITAL COMMUNITY, and in my CORPORATE, PARTNERSHIP, or LLC CAPACITY, if any. The invalidity or unenforceability of any provision hereof shall in no way affect the validity or enforceablility of any other provision. No missing signature shall invalidate this agreement.

Signed this _____ day of _____, _____.

X_____ **X**_____

X_____ **X**_____

X_____ **X**_____

X_____ **X**_____

AGENT/BROKER INFORMATION	Agent/Broker Name	Code	Phone No.	Fax No.	City	State	Zip
	Darren Sucato (Sucato Insurance)	52338	(602) 956-3336	(602) 956-5956	Phoenix	AZ	85018

AGENT'S RECOMMENDATION

☐ We are not very familiar with this applicant.
☐ We are familiar with applicant and are aware of no adverse information about him/her.
☐ We know applicant very well and offer our highest recommendation.

COMMENTS

_____
_____
_____

P0067110