Click here to reset fields.

Westfield Insurance Company/Westfield National Insurance Company
Ohio Farmers Insurance Company

Westfield Group [SM] Westfield Center, OH 44251-5001

Universal Application
For Non-Contract Surety Bond

Agency Name: _____

Agency Code Number: _____ Bond Number: _____

Complete this GENERAL SECTION for all bonds
Supplement this with appropriate Section listed below. Attach copy of bond form required by obligee

Probate	1	Court	3	License/Permit, Financial Guarantee	5	Financial Statement	7
Referee, Receiver, etc.	2	Public Official	4	Lost Securities	6		

Name of Applicant: _____ Date of Birth: ____ / ____ / ____ Married: ☐ Single: ☐
(For partnership, give full names of partners and trade name)

Full Address: _____ Net Worth: $ _____

Applicant's occupation or business: _____ Years so engaged: _____

Amount of Bond: $ _____ Effective Date: __ / __ / ____ Individual: ☐ Partnership: ☐ Corporation: ☐

Complete Name & Address of Obligee: _____

Do you carry liability and property damage insurance? Yes: ☐ No: ☐ If yes, provide insurance certificates.

No. 1 Complete For PROBATE BONDS (If answer to question 3, 4, 5 or 6 is yes, agency must phone Service Office)

1. Bond is for: Guardian: ☐ Executor: ☐ Administrator: ☐ Other: ☐ _____
   County and state in which bond filed: _____ Docket/Case #: _____
2. Name, address and phone number of attorney: _____
3. Has a bond been previously provided for this estate? Yes: ☐ No: ☐ Date of previous appointment: __/ __ / ____ .
4. Are you indebted to the estate? Yes: ☐ No: ☐ 5. Is the estate indebted to you? Yes: ☐ No: ☐
6. Does estate include an ongoing business? Yes: ☐ No: ☐ If yes, will court order be issued? Yes: ☐ No: ☐ If yes, attach copy.
7. What is your relationship to the deceased, minor, or incompetent? _____
8. Are there any controls on the funds Yes: ☐ No: ☐ If yes, describe: _____
9. Assets of the estate: Cash: $ _____ Securities: $ _____
   Annual estate Income: $ _____ Other: $ _____ Real Estate: $ _____
10. If Administrator, Executor or Trustee **(will must be submitted for Trustee)**:
    (a) Name of deceased: _____
    (b) Give names, ages and relationship of heirs, beneficiaries, and Trust recipients:

Name	Age	Relationship to Deceased	Beneficiary Address

11. If Guardian, Conservator or Committee:
    (a) Name of ward: _____ Birth date: __ / __ / ____ .
    (b) Ward's address: _____
    (c) Is the ward in a nursing home? Yes: ☐ No: ☐
    If so, will social security and other benefits be sent directly to the nursing home? Yes: ☐ No: ☐
    (d) Give name(s), address and relationship of ward's next of kin:

Name	Relationship to Ward	Address

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR CLAIM CONTAINING ANY MATERIALLY FALSE OR DECEPTIVE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, ANY MATERIAL INFORMATION COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

No. 2 Complete for RECEIVER OR TRUSTEE-IN-BANKRUPTCY BONDS

Case number: _____ Type of bond: _____ If Bankruptcy, give Chapter number: ___

Date of appointment: __ / __ / ____ Does Trustee carry E&O coverage? Yes: ☐ No: ☐ Carrier Name: _____

Name, address, and phone number of attorney: _____

Name of Court in which bond filed: _____ County/District: _____

Plaintiff: _____ Defendant: _____

Name and type of business involved, if any: _____

Estimated assets: $ _____ Describe: _____

Estimated liabilities: $ _____ Describe: _____

No. 3 Complete for COURT BOND (Other than 1 or 2) (E.G. COST, REPLEVIN, APPEAL, LIEN) (Financial Statement Required)

Amount of judgment or claim: $ _____ Type of bond: _____

(Give full description. Give copy of pleadings if available)

Exact title of case: _____ Case number: _____ County/District: _____

Name of Court in which bond filed: _____ County/District: _____

Name, address, and phone number of attorney: _____

No. 4 Complete for PUBLIC OFFICIAL BONDS

Title or position: _____

Appointed: ☐ Elected: ☐ Term of Office: __ / __ / ____ to __ / __ / ____ .

Premium: Prepaid: ☐ Paid annually: ☐ (**Discount allowed for advance payment of two years or more)**

Have you previously occupied this position? Yes: ☐ No: ☐ If so, state term: __ / __ / ____ to __ / __ /____ .

Previous surety: _____

IF TREASURER, OR OTHER OFFICIAL HANDLING MONEY, COMPLETE THE FOLLOWING:

Are office accounts audited? Yes: ☐ No: ☐ How often? _____ By whom? _____

Date of last audit: __ / __ / ____ .

Were any discrepancies found? Yes: ☐ No: ☐ If so, describe: _____

Are subordinates covered by fidelity bond? Yes: ☐ No: ☐ Name of depository bank(s): _____

Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes: ☐ No: ☐ If "No", explain: _____

Is countersignature of checks required? Yes: ☐ No: ☐ If "No", explain: _____

Are securities subject to joint control of two or more responsible employees? Yes: ☐ No: ☐ If "No", explain: _____

No. 5 Complete for LICENSE & PERMIT AND FINANCIAL GUARANTEE BONDS (Financial Statement Required if Financial Guarantee)

Number of years in this line of business: ___

Number of years under this business name:

Have you ever failed in business? Yes: ☐ No: ☐ If so, in what year? _____ (provide full details on separate sheet)

Are you currently involved in any litigation, either with your business or personally? Yes: ☐ No: ☐ (provide full details on separate sheet)

No. 6 **Complete for LOST SECURITIES BONDS** **(Financial Statement Required)**
Attach letter of instruction from Transfer Agent

Detailed description of lost instrument: _____

Serial # _____ Cusip # _____

Amount: $ _____ Face value: $ _____ Market value: $ _____

Date of issue: __/ __ / ____ Date of maturity: __/ __ / ____ Date acquired: __/ __ /_____

Name of owner as it appears on the instrument? _____

How was security lost? _____

Are securities Bearer: ☐ Registered: ☐

Was security endorsed? Yes ☐ No ☐ If so, to whom? _____

Has notice of loss been given? Yes ☐ No ☐ If so, to whom? _____

Bond required? Fixed penalty: ☐ Open penalty: ☐ Amount of bond: $ _____

If the lost instrument was a check, has payment been stopped by the drawer? Yes: ☐ No: ☐ If so, when: _____

No. 7 **FINANCIAL STATEMENT**
(A current prepared statement may be attached in lieu of completing this Section)

☐ Personal Financial Statement
☐ Business Financial Statement
☐ Combined Financial Statement

Financial Statement as of: __ / __ /_____ . **(Round to nearest dollar.)**

ASSETS		**LIABILITIES**	
Cash	$ 0.00	Accounts Payable	$ 0.00
Marketable Securities	0.00	Notes Payable	0.00
Accounts Receivable	0.00	Due to Finance Banks/Companies	0.00
Inventory	0.00	Due on Real Estate	0.00
Notes Receivable	0.00	Other Liabilities _____	0.00
Real Estate	0.00	_____	0.00
Furniture and Fixtures	0.00	_____	0.00
Other Assets _____	0.00	TOTAL LIABILITIES	0.00
_____	0.00	**NET WORTH**	0.00
TOTAL ASSETS	0.00	TOTAL	0.00

INDEMNITY AGREEMENT

IN CONSIDERATION of the execution of the bond(s) herein applied for (including renewals or replacements thereof) by WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, or OHIO FARMERS INSURANCE COMPANY (herein Company) the undersigned (herein Indemnitors) hereby agree and consent:

1. To pay the Company premium in advance for such bonds at the Company's rates at the time of issuance, renewal, and/or replacement.
2. To exonerate and indemnify the Company from all loss, cost, expense, and attorney fees which the Company may sustain or incur as a result of issuing such bonds.
3. That the Company is authorized to obtain additional information, including information from a credit report, now or at any time in the future, from any third party, about each Indemnitor.
4. That the execution of any bonds prior to the date of this Agreement was in consideration for, pursuant to, and in reliance upon the agreement of the Indemnitors made previous to the date of any such bonds to execute this Agreement.
5. That the liability of the Indemnitors hereunder shall be joint and several and shall be binding upon their respective heirs, executors, administrators, successors and assigns.
6. That the Company shall have the right, and is hereby authorized, to settle or compromise any claim, demand, suit or judgment on the bond(s), and the vouchers or other evidence of such payments made by the Company shall be prima facie evidence of the liability to the Company.

Signed, sealed and dated this _____ **day of** _____ , _____ .

if **CORPORATION** sign here:

_____ Name of Corporation Tax ID # _____

_____ By: _____
Witness President

_____ Name of Corporation Tax ID # _____

_____ By: _____
Witness President

if **PARTNERSHIP,** sign here:

_____ Name of Firm Tax ID # _____

_____ _____
Witness Individually and as partner Social Security # _____

_____ _____
Witness Individually and as partner Social Security # _____

if **INDIVIDUAL,** sign here:

_____ _____
Witness Name of Individual Social Security # _____
By: _____

_____ _____
Witness Name of Individual Social Security # _____
By: _____

_____ _____
Witness Name of Individual Social Security # _____
By: _____