

application for collection agency bond

to Old Republic Surety Company
Old Republic Insurance Company

Your Name _____
First Middle Last

Office Address _____
No., Street

Town, County, State, Zip Code

Business Trade Name _____

Have you sustained any employee dishonesty losses in the last 6 years? Yes No

If yes, give date(s), amount(s), employee's name(s) and action(s) taken _____

No. of Employees (Incl. Owners & Partners) _____

AMOUNT OF AND TYPE OF BOND: ANNUAL PREMIUM
(Check box for desired coverage)

Blanket Collection Agency Bond to All Clients

Limits	No. of Emp.	Annual Premium
<input type="checkbox"/> \$2,500 per client/ 7,500 aggregate	3 or less Each Add'l.	\$100.00 20.00
<input type="checkbox"/> \$5,000 per client/ 15,000 aggregate	3 or less Each Add'l.	\$200.00 40.00
<input type="checkbox"/> \$10,000 per client/ 30,000 aggregate	3 or less Each Add'l.	\$300.00 60.00

Collection Agency Bond to a Specific Named Client

Minimum Amt. of Bond: \$10,000

Annual Rate: \$10 per \$1,000 of Cov.

Client's Name _____

Client's Address _____
No., Street

Town, County, State, Zip Code

The undersigned principal agrees to fully indemnify Old Republic Surety Company/Old Republic Insurance Company for any loss or expense, including payment of premium, as a result of becoming surety on the above bond.

Signature of Applicant

Date

This bond will be effective when this application is accepted by the company. \$100 Minimum Term Premium Applies.