



SURETY BONDS

United Casualty and Surety Insurance Company Application for Street Permit Bond

Applicant		Tax ID/Social Security #	
Address			
Phone No.		Fax No.	
Occupation or Business	How long so engaged?	E-Mail Address:	
Complete Name and Address of Oblige:			
STREET PERMIT BOND	Amount of Bond \$	Effective Date	
Location Of Public Way – (Specific street address is required)			

INDEMNITY

The undersigned applicant and indemnitor hereby requests that United Casualty and Surety Insurance Company (the "Company") become surety for the above bond. The undersigned hereby certifies the truth of all statements in the application, authorizes the Company to verify this information and to obtain additional information from any source, and jointly and severally agree:

- (1) To pay the usual premiums, including renewal premiums,
- (2) To completely indemnify the Company from and against any liability, loss, cost, attorney's fees and expenses whatsoever which the Company shall at any time sustain as surety or by reason of having been surety on this bond or any other bond issued for applicant, or for the enforcement of this agreement,
- (3) Upon demand by the Company for any reason whatsoever, to deposit funds with the Company within (5) calendar days of demand, in an amount sufficient to satisfy any claim against the Company by reason of having provided bond(s) to the undersigned,
- (4) That the Company shall have the right to handle or settle any claim or suit in good faith. An itemized statement of loss and expense incurred by the Company, sworn to by an officer of the Company, shall be prima facie evidence of the fact and extent of the liability of the undersigned to the Company,
- (5) That the Company may decline to become surety on any bond and may cancel or amend any bond without cause and without any liability which might arise therefrom,
- (6) That the Company shall, without notice, have the right to alter the penalty, terms, and conditions of any bond issued for undersigned, and this agreement shall apply to any such altered bond,
- (7) That this indemnity may be canceled as to subsequent liability by an indemnitor upon written notice to the Company at 1250 Hancock Street, Suite 803N, Quincy, MA 02169; effective Ten (10) days after the earliest date thereafter upon which the Company could have canceled all bonds in force for applicant.

Signed this _____ day of _____, 20_____

X _____

Print Name