

Public Official Name Schedule Bond Application

	Complete Name	of Obligee			Classify	Obligee					
OBLIGEE INFORMATION	·	Ü			State	e ic School Syster	п 🗆	County City	☐ To		Village cal Subdivision
Address									none Nu		
BOND INFORMATION	Amount of Bond	I	Effective Date	;		Premium Payn		☐ 2 Ye	ears [3 Years	4 Years
UNDERWRITING Is countersignature of checks required? Yes No By whom? INFORMATION If "No" explain.											
Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? Yes No How often? Are securities subject to joint control of two or more responsible employees?											le employees?
How often will a comp			s last audit ma		□ P		☐ Ce	rtified Pub		untant [Employee
What losses have you	ı sustained within t	he past five years?		Wha	What class of employee or official caused such loss?						
What has been done	to prevent recurre	nce of such loss?									
PERSONAL INF	ORMATION	nformation on each	person/positio	n to be cove	red:						
Name		Amount of coverage	Social Security Number		Present Position or Title			How long in present position		Applicant's net worth	
INDEMNIFICATION	ON AGREEME	NT									
executed on behalf or relying on this inform misrepresentation fo institution, person or terminated and agree Surety all sums demfee charge in the am all liability, damages, enforcement, procure legal rate allowed, in settle, pay or appeal my liability to Surety, penalty, terms and or its release from said other property accep determined that it is agreement shall be cannot terminate my Written notice to tern effective thirty workin date. Thus, I agree the termination. TENTH	lation to issue a brall purposes of landing and the such premise anded by Surety to and of \$119.40 for loss, costs and element of release, the event of any any claim, and are SIXTH: That Substitutions of any branditions of	ond. I agree that paw and equity. I all gree: FIRST: To pums fully earned up to cover any liability or the first claim an expenses of every hor or other action involved in the mixed statements of the surely at actual receipt of such able to the Surety at all apply to all responsible statements.	proof of the false athorize Surety each on issuance of the false and including a solving the apply, from the date of sureties, and including a become a sureties are of sureties; are of sureties; are districted in a greement extended and including a sureties; are of sureties; are the notice by the for loss and extended and including a sureties.	sity of any sity of its agen in premium confide a bond and included a bond a bo	atements to invivide to invivide to invivide to invivide the second to invivide the second to the se	t will be prima fa estigate my crec ums due, until sa refundable in the the bond, includ THIRD: To hol may be sustain nce of any bond e made. FIFTH: Surety shall be ay cancel or ame n or indemnity a Surety thereon. ye. Surety may y to reimburse if ame extent as the ten notice by ce Dr. Peoria, IL 6 r bonds signed of	acie prodit, nowadistrational distribution of the control of the c	pof of mate y and at ar ory evider ear of cover y legal fee nless and ncurred ar RTH: To p Surety has facie evid y bond with ent at the NTH: To p uch collate EIGHTH: T inal agree mail of int I agree the mitted to be by Surety is	erial, into the interior into the transfer into	entional a in the future in th	and fraudulent ire, with any iability is pay, and a claim from any and execution e highest that to defend, and extent of se, alter the n, or procure th cash or it has agree that I to the Surety. In the surety of the e effective ve date of
				<u>x</u>							
X				<u> </u>							
We are familiar w	Notary Service ENDATION amiliar with this applicant and are	& Bonding Agency In	e information ab	Phone No. 248)332-180 out him/her.	I	ax No. 248)334-7600 ENTS	City	mfield Hills	;	State MI	Zip 48302

Please see attached page for fraud warnings for all states.

PERSONAL INFORMATION	Information on each	n person/position t	to be covered:		
Name	Amount of Coverage	Social Security Number	Present Position or Title	How long in present position	Applicant's net worth
INDEMNIFICATION AGREEME I agree to indemnify RLI Insurance Con		actors Bonding	and Incurance Company (horoinafte	r "Suroty") in connect	ion with any hand
demanded by Surety to cover any liabil amount of \$119.40 for the first claim and loss, costs and expenses of every kind release, or other action involving the appayment by Surety, from the date such itemized statement of loss and expense decline to become a surety on any bon blanks contained in the application or ir sureties; all without liability to Surety the for any loss reserve. Surety may hold security to reimburse itself. EIGHTH: The extent as the original agreement. NINTH certified mail of intent to terminate to the lagree that the termination will be effective date. Thus, I a effective date of termination. TENTH: The effective date of termination.	d \$69.44 for each ad including attorney fe polication and/or issuappayments are made, incurred by Surety side, may cancel or am ademnity agreement ereon. SEVENTH: To such collateral securat a facsimile copy of the surety. Written no estive thirty working dagree that I will remain agreement shall a surety.	ditional claim. THI bes, which may be ance of any bond. FIFTH: That Sure shall be prima faci- end any bond witl at the time of exe o provide Surety w ity until it has dete of this agreement oot terminate my li obtice to terminate s ays after the actua in liable to the Sur	IRD: To hold harmless and indemnify a sustained or incurred arising out of the FOURTH: To pay interest, at the high ety has the exclusive right to defend, see evidence of the fact and extent of my hor without cause, alter the penalty, the cution, or procure its release from sainth cash or other property acceptable ermined that it is no longer exposed to shall be considered an original and shability to the Surety created by this agrishall be sent to the Surety at its home all receipt of such notice by the Surety rety for loss and expenses on bonds si	Surety from any and a ne execution enforce est legal rate allowed ettle, pay or appeal a y liability to Surety. SI erms and conditions d suretyship under a to Surety, upon dema o a loss and may reta all be admissible in a eement except by se office, 9025 N. Lindt but only for bonds s gned or committed to	all liability, damages, ment, procurement of I, in the event of any ny claim, and an XTH: That Surety may of any bond, complete an ny law for release of and, as collateral security in or sell the collateral court of law to the same nding written notice by bergh Dr. Peoria, IL 61615 igned or committed to by by Surety prior to the
Signed this day of					
<u>X</u>			<u>X</u>		
X			X		
<u>X</u>			<u>X</u>		
<u>X</u>			<u>X</u>		
<u>X</u>			<u>X</u>		
<u>X</u>			<u>X</u>		
X			<u>X</u>		
X			X		
<u>X</u>			<u>X</u>		
<u>X</u>			<u>X</u>		

RLI

FRAUD WARNINGS

Alabama, Arkansas, D.C., Louisiana, Maryland, Rhode Island, West Virginia

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Oklahoma

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky, Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.

Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey, New Mexico

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

Utah

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.