Liberty Mutual®

The Ohio Casualty Insurance Company

APPLICATION FOR PUBLIC OFFICIAL BOND

1. **Name of Applicant:**

   Address:

   City: **State:** **Zip Code:**

   Social Security No.:

2. **Amount of Bond:** $ **Effective Date:**

3. **To Whom Payable:**

   (Exact Name of City, Village, Township, County, Board or other political body)

   Address:

   City: **State:** **Zip Code:**

4. **Position of Applicant:**

5. **Were You Elected or Appointed:** **Give Date:**

6. **Term of Office Begins:** **Ends:**

7. **Will Premium Be Paid Annually:** **Or for Term in Advance:**

8. **Did you hold this office during preceding term:**

In consideration of the execution by The Ohio Casualty Insurance Company of the bond herein applied for, I agree to pay a premium of $ per annum in advance while such bond or any continuation thereof remains in force; and I further agree to indemnify and keep indemnified the Company and hold and save it harmless from any and all liability, loss, cost, charges or expenses of whatever kind or nature, including reasonable attorney fees, which the Company shall at any time sustain or incur by reason or in consequence of having executed this bond or any continuation or renewal thereof; and to pay over, reimburse, and make good to the Company all sums of money which the Company shall pay on account of the execution of said bond or any continuation or renewal thereof, and I hereby waive any homestead or other exemption to which I may be entitled under the laws of any state of the United States of America.

DISCLOSURE TO APPLICANT: You are hereby notified that an investigative consumer report MAY be obtained by the Company. Upon written request additional information as to the nature and scope of the report, if one is made, will be provided.

Dated this **day of** **,**

WITNESS: **Applicant:**

 by:

(Applicant Sign Here)

Agent: *KACo*   Location: *Frankfort, KY*