



501 Office Center Drive, Suite 128, Ft. Washington, PA 19034-3208
PHONE: 215-646-2400 / 800-646-2401 / FAX: 215-646-4275

Public Official – Secretary / Treasurer / Tax Collector – Bond Application

Name of Applicant: _____

Business / Occupation _____

Have you any other surety bonds in force? _____ Yes _____ No
 Has any other surety company declined to write this or any previous bond? _____ Yes _____ No
 Have you ever had a bond involuntarily terminated or cancelled? _____ Yes _____ No
 Has there ever been a claim or legal action against any bond executed on your behalf? _____ Yes _____ No
 Do you or any of your companies have any pending lawsuits, unsatisfied judgments or liens? _____ Yes _____ No
 Have you or any of your companies declared bankruptcy or become insolvent? _____ Yes _____ No
 Have you or any of your companies been subject to any legal or administrative proceeding that resulted in disciplinary action? _____ Yes _____ No
 Have you ever been convicted of a felony? _____ Yes _____ No

(If you answered yes to any of these questions, please attach a detailed explanation)

Kind of Bond _____ Amount \$ _____ Effective Date _____

What is the name of the entity to which this bond will be given (Obligee) _____

Address of Obligee: _____

Position/Title: _____ Appointed or Elected? _____ Term: _____

Have you previously held this or any other public official position, and if so, what position and for what term?

Position: _____ Term: _____

Do you handle/withdraw funds or write checks? ___ Yes ___ No Is countersignature required? ___ Yes ___ No

If countersignature is required, from whom is it required?

Name: _____ Position: _____

Name of depositories: _____

How are you protected against depository liability? _____

Number of subordinates: _____ Do they have fidelity coverage? ___ Yes ___ No

If so, Name of carrier: _____

Amount carried: \$ _____

Who audits the books? Name: _____

Position: _____

How often are the books audited? _____

Who reconciles bank statements? Name: _____

Position: _____

Do you collect Taxes? ___ Yes ___ No If so, are you liable for collection? ___ Yes ___ No

How are you relieved from tax liability? _____

IN ADDITION TO A COMPLETED APPLICATION, FORWARD

- 1. A COPY OF YOUR LAST AUDIT**
- 2. A COMPLETED DEPOSITORY DESIGNATION FORM**
- 3. PERSONAL FINANCIAL STATEMENT ON THIS APPLICANT**



Universal Service Agency, Inc.
501 Office Center Drive, Suite 128, Ft. Washington, PA 19034-3208
215-646-2400 800-646-2401 (phone) / 215-646-4275 (fax)
sales@universalbonds.com www.universalbonds.com

Your signature on this consent form and completion of the attached application constitutes permission for Universal Service Agency, Inc. to obtain consumer information which will be used to determine bonding eligibility. **This information will be held in the strictest confidence.**

Applicant's signature Print applicant's name Date

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