



Main Street America Group

National Grange Mutual Insurance Company
Old Dominion Insurance Company
Main Street America Assurance Company

BOND APPLICATION

PLEASE PRINT OR TYPE

Member MIADA: Yes No

Membership No: _____

AGENT A. A. DORITY COMPANY, INC. 617-523-2935 FAX: 617-523-1707			Bond No.		
262 WASHINGTON STREET, SUITE 99; BOSTON, MA 02108			AUTHORIZED BY		
BUSINESS NAME: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			NET WORTH		
			\$		
ADDRESS:		City:	Zip:	Phone #	
HAVE YOU EVER FAILED IN BUSINESS, FILED FOR PERSONAL BANKRUPTCY PROTECTION, OR HAD AN OWNERSHIP INTEREST IN A BUSINESS THAT HAS FILED FOR BANKRUPTCY PROTECTION? HAVE YOU EVER COMPROMISED YOUR CREDITOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CALL AGENT ABOVE.					
TYPE OF BOND		AMOUNT OF BOND	CLASS CODE		
NH CLASS 2 MOTOR VEHICLE DEALER BOND		\$	929		
EFFECTIVE DATE: When Issued		PREMIUM TERM:	<input type="checkbox"/> ONE YEAR		<input type="checkbox"/> THREE YEAR
Who issues the license?-(EXACT NAME AND ADDRESS)					
Town or City of					
Address:					
City: _____, MA Zip: _____					

SPECIFIC INDEMNITY AGREEMENT

NOW, THEREFORE, the undersigned, hereinafter called the Indemnitor(s) (if there be more than one Indemnitor they jointly and severally and for each other do) hereby undertake, represent, warrant and agree as follows:

1. That the foregoing statements made and answers given in this application are the truth without reservation, and are made for the purpose of inducing the Main Street America Group Company, hereinafter referred to as the Company, to execute or procure the execution of a certain bond or undertaking herein applied for.
2. That this Agreement shall apply to the bond or undertaking herein applied for, and any and all extensions, increases, modifications or renewals thereof, or additions or substitutions therefore, any and all such instruments separately and collectively being hereinafter called the Bond.
3. That the Company is hereby authorized to confirm the bank balance claimed in the financial statement and to verify all other items in said statement.
4. That the Indemnitor(s) shall pay the Company in advance the initial premium for the Bond, and any renewal or additional premium charges (all such premiums shall be in accord with the applicable schedule of rates published by the Company) as may become due until the Company shall be discharged and released from any and all liability and responsibility under the Bond and until the Indemnitor(s) shall deliver to the Company competent written evidence satisfactory to the Company of such discharge and release.
5. That the Indemnitor(s) shall at all times indemnify, save the Company harmless from, and place the Company in funds to meet any claim, demand, loss, liability, cost, charge, attorneys' fee, expense, suit, order, judgment, or adjudication arising from the existence of the Bond.
6. That if the Company shall set up a reserve to cover any claim, demand, loss, liability, cost, charge, attorneys' fee, expense, suit, order, judgment or adjudication arising from the existence of the Bond the Indemnitor(s) shall, immediately upon demand, deposit with the Company a sum of money equal to such reserve, such sum to be held by the Company as collateral security for the Bond obligation.
7. That the Company shall have the exclusive right to determine for itself and the Indemnitor(s) whether any claim or suit brought against the Company or the Principal, as a result of the existence of the Bond, shall be settled or defended and its decision shall be binding and conclusive upon the Indemnitor(s).
8. That this Agreement shall bind the heirs, executors, administrators, successors and assigns of the Indemnitor(s).
9. That nothing herein contained shall be in derogation of any right or remedy that the Company might have independently hereof.
10. That the word Indemnitor(s) as used herein, or personal pronouns used, shall apply regardless of number or gender, and to individuals, partnerships or corporations, as the circumstances require.

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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signed, Sealed and DATED this _____ day of _____, 20_____.

BUSINESS NAME:

Signed:

Print Name and Title:
Tax ID Number:

Witness:

Indemnitor-Owner

Signed:

Print Name:
Social Security Number:
Owner's Home Address:

Witness:

Indemnitor-Owner's Spouse

Signed:

Print Name:
Social Security Number:

Witness:

Owner and spouse must sign personally as indemnitors. If more than one owner, each owner fills out a separate application.