License & Permit Bond Application

- 34					
THE MAIN STREET AMERICA GROUP NGM Insurance Company • Old Dominion Insurance Company Main Street America Assurance Company • MSA Insurance Company Information Systems and Services Corporation	☐ I have executed the following bond ☐ Please send me the following bond				
	Renewal Option: Agency Bill Direct Bill (Cancelable Bonds Only			celable Bonds Only)	
Agency name: Phone: 617-523-2935 Fax: 617-523-17			Bond #		
A.A. Dority Company, Inc. 262 Washi	naton St. #9	9 Boston, MA 0210	08 TBD		
Applicant's name in full:	,	•	Tax I.D. # or S	Social Security #:	
, ppriodition in the			N/A		
Applicant's address:			License/Permi	t #:	
			N/A		
Type of Bond:		Amount of Bond:	Effective Date:	Bond Term:	
Abutter	•	1,000.00		1yr	
Complete name and address of Obligee:	*				
Neighbor:					
Experience/Length of time in business:	Prior Bankrupt	cy or bond claim?:		NGM Insured?/Policy #	
N/A	N/A		N/A	N/A	
Agent's Recommendation:					
YES					
	•	Agreement-			
The undersigned, hereinafter called the Indemnitor(s) (if t	here be more than	one Indemnitor they jointly as	nd severally and for e	ach other do) hereby	
undertake, represent, warrant and agree as follows: That the foregoing statements made and answers given i inducing the NGM Insurance Company, herinafter referre herein applied for. That this Agreement shall apply to the	n the submitted ap d to as the Compa bond or undertakir	plication are the truth without ny, to execute or procure the ng herein applied for, and any struments separately and coll	reservation, and are execution of a certain and all extensions, in ectively being hereina	ncreases, modifications or after called the Bond. That	
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