



\*SURETY BONDS\*

# UNITED CASUALTY AND SURETY INSURANCE COMPANY

1250 Hancock Street, Quincy, Massachusetts 02169

## Application for Lost Securities Bond

Applicant:		Social Security #	Age	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Address:				
Phone #:		Fax# :	E-Mail:	
Occupation or Business	How long so engaged ?		Previous Surety <input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, give name.	
<b>LOST SECURITIES BOND</b>	Amount of Bond \$		Effective Date:	
<b>Obligee: Commonwealth of Massachusetts; Unclaimed Property Division, One Ashburton Place 12<sup>th</sup> Floor Boston, MA 02108</b>				
Serial Number and Description:		Date of Instrument	Payable to Applicant Only <input type="checkbox"/> Yes / <input type="checkbox"/> No If not, who is it payable to?	
Are the Securities Endorsed? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Describe manner of loss		Has Notice of Loss been given? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
If registered, in whose name?	If a check, has payment been stopped? <input type="checkbox"/> Yes / <input type="checkbox"/> No If so, when?		If a deed of trust or note, has either been involved in a lawsuit? <input type="checkbox"/> Yes / <input type="checkbox"/> No	

### INDEMNITY

The undersigned applicant and indemnitors hereby request United Casualty and Surety Insurance Company (the "Company") to become surety for the above bond. The undersigned hereby certify the truth of all statements in the application, authorize the Company to verify this information and to obtain additional information from any source, and jointly and severally agree:

- (1) To pay initial premiums, including renewal premiums, and that all initial premiums are fully earned at the time of issue of any bond.
- (2) To completely indemnify the Company from and against any liability, loss, cost, attorney's fees and expenses whatsoever which the Company shall at any time sustain as surety or by reason of having been surety on this bond or any other bond issued for applicant, or for the enforcement of this agreement,
- (3) Upon demand by the Company for any reason whatsoever, to remit U.S. legal currency, within 24 hours of demand by the Company to the Company in an amount sufficient to satisfy any claim against the Company by reason of such suretyship,
- (4) That the Company shall have the right to handle or settle any claim or suit in good faith. An itemized statement of loss and expense incurred by the Company, sworn to by an officer of the Company, shall be prima facie evidence of the fact and extent of the liability of the undersigned to the Company,
- (5) A facsimile of this Agreement shall be considered an original and shall be admissible in a court of law to the same extent as an original.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**X** \_\_\_\_\_ (Applicant /Indemnitor)

**Insurance Broker Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_