

703 LakesideDrive Southampton, PA 18966 Phone: 215.942.2800

Fax: 215.942.2882 bonds@brucebeaton.com

## PUBLIC ADJUSTER BOND APPLICATION

		Dob
Applicant	SS#	DOB
Address/City/State/Zip		
Home Email Address		Phone:
Employer/Organization Nan	ne	or Self Employed
Address/City/State/Zip		
Work Email Address		Work Phone
State Requiring the Bond:	License Term years, and/or from	n: to:
Required Bond Amount	\$ Requested Bond Effective Date	
<ul> <li>B. Have you ever been in C. Have you ever been in D. Has this bond been with E. How many total year</li> <li>The undersigned hereby represents</li> </ul>		
The undersigned hereby represents that the statements made herein as an inducement to the Pennsylvania National Mutual Casualty Insurance Company (hereinafter called Company) to execute the bond applied for herein, as true, and should the company execute said bond, hereby agrees as follows: FIRST, to pay to the company the premium in each and every year, as long as liability shall continue under said bond, or any continuation or renewal thereof, or substitute therefor (said bond or any such continuation, renewal, or substitute being hereinafter referred to as said bond) and until evidence satisfactory to the Company of the termination of such liability, shall be furnished to it at its home office in the City of Harrisburg; SECOND, to indemnify the Company against all loss, liability, costs, damages, attorneys' fees and expenses whatever, which the company may sustain or incur by reason of executing said bond, in making any investigation on account thereof, in prosecuting or defending any action which may be brought in connection therewith, in obtaining a release therefrom, and in enforcing any of the agreements herein contained; THIRD, that the company shall have the right, and is hereby authorized, but not required; (a) to adjust, settle or compromise any claim, demand, suit or judgment upon said bond, unless the undersigned shall request the Company to litigate such claim or demand or defend such suit or to appeal from such judgment and shall pelosit with the Company collateral satisfactory to it in kind and amount; and (b) to fill up any blank or blanks left herein, and to correct any errors in filling up any such blank or blanks, it being hereby agreed that any such insertion or correction shall be prima facie correct; FOURTH, that in event of payment, settlement or compromise, in good faith, of liability, loss, costs, damages, attorney's fees and expenses, claims demands, suits and judgments as aforesaid, an itemized statement thereof, sown to by any officer of the Company, or the voucher or vouchers or ot		
❖ A Notary signature is not re	equired.	(Applicant to sign Full Name) (Seal)