One Gateway Center, Suite 400 • 420 Fort Duquesne Boulevard • Pittsburgh, PA 15222-1460
Phone: 877.376.8676 • Fax: 412.281.6195 • E-mail: info@ermunro.com • Web site: www.ermunro.com

BOND REQUEST FORM

Please submit a completed order form by mail or email to bonds@ermunro.com or fax to (412) 281-6195.
Payment can be submitted by phone, online at our website: https://www.ermunro.com/services/billing/ or by mailing our agency a check payable to E R Munro and Company.

APPLICANT INFORMATION

Name of Applicant [first name, middle initial (if applicable) and last name]:

_____

Social Security #:_____ NPN # (if applicable):_____

Physical Address on Bond: _____

Mailing Address: _____

Home Phone:_____ Cell Phone: _____

Email: _____ Fax Number: _____

Is Applicant a U.S. Citizen? ____ Yes ____ No

Has the requested bond been declined by another Surety Company? ____ Yes* ____ No

Has Applicant filed for bankruptcy in the last 5 years? ____ Yes* (provide explanation) ____ No

*If answer is yes, approval of the bond may be dependent upon underwriting review of your credit history.

BOND INFORMATION

Bond State: Kentucky Public Adjuster Bond Amount: $20,000

Effective Date: _____ Expiration Date: _____

Bond Term: ____ 1 Year $140 + Tax ____ 2 Years $245 + Tax

By signing below, I authorize E R Munro and Company to submit my bond order to sureties they represent and for the surety to obtain a consumer credit report, if warranted, as part of the underwriting process for my bond approval.

I also agree to completely INDEMNIFY the Surety from and against any liability, loss, cost, attorneys' fees and expenses whatsoever which the Surety shall at any time sustain as surety or by reason of having been surety on this bond or any other bond issued for any applicant and or indemnitor, or for the enforcement of this agreement, or in obtaining a release or evidence of termination under such bonds, regardless of whether such liability, loss, costs, damages, attorneys' fees and expenses are caused, or alleged to be caused, by the negligence of the Surety.

Signature of Applicant: _____ Date: _____

Upon receipt of order form and payment, approved bonds will be mailed to you in 1-2 business days.

How did you hear about our agency?

Website: ____ Referral: ____ Advertisement in Mail: ____ Email: ____ Other: _____