



APPLICATION FOR PUBLIC OFFICIAL BOND - Texas
STATE FARM FIRE AND CASUALTY COMPANY
 Home Office, Bloomington, Illinois 61710

1. Applicant's Name Juan Gilberto Martinez Soc. Sec. Number [REDACTED] Married? Yes No
(Name exactly as it is to appear on bond form as principal)
2. Address 1615 S. Closner, Suite H, Edinburg, TX 78539
Number and Street City State
78539 Hidalgo Telephone number 956/318-2656 H B
ZIP Code County
3. Amount of bond \$ 5,000 Effective date _____
4. To whom payable Hidalgo County
(Exact name and complete mailing address of city, village, township, county, board, or other political body)
5. Was the applicant: Elected OR Appointed To what position? Fire Marshal
6. Term of office is for 2 years. Begins 12-29-09 Ends 12-29-11
7. Applicant's occupation (other than this position) N/A How long? _____
8. Did the applicant hold this office during preceding term? Yes No
9. Premium payment: Annual Prepaid for 4 years Premium \$ 70.00
 Send bills to: Principal Other Hidalgo County Amount paid \$ _____

IF BOND IS OVER \$50,000 ALSO ANSWER THE FOLLOWING QUESTIONS AND SIGN

10. If deputies will be employed, give names and describe bonds that deputies will furnish to applicant:

Deputy's Name	Amount of Bond	Name of Surety	Expiration Date
	\$		
	\$		
	\$		

11. Give names of banks that have been designated by the proper authority as depositories for public funds coming into the applicant's hands, and how deposits are secured:

Name and Location of Bank	Amount of Bond	How Secured
	\$	
	\$	

12. How often are audits required under the applicable statute/ordinance? _____
13. Who performs the audits? _____

IF BOND AMOUNT IS \$250,000 OR MORE, ATTACH A COPY OF THE MOST RECENT AUDIT.

INDEMNITY AGREEMENT

In consideration of the execution by State Farm Fire and Casualty Company ("the Surety") of this bond and any increases, renewals or continuations, I agree to the following:

Pay the premium when due so long as the bond remains in force, whether by continuation, renewals or issuance of a new bond.

Indemnify and hold harmless the Surety from any and all liability, loss, cost or expense of any nature, including actual attorney fees, it may sustain as a result of having become surety for the applicant or which it may sustain in enforcing this agreement.

The Surety may obtain, and anyone is authorized to furnish to the surety, information concerning my character, habits, ability, past or present employment and credit history.

I represent the statements made in this application are true and I have read the agreement and agree to be bound to it.

Dated this _____ day of _____, (Year) _____

Applicant's Signature X _____

Spouse's Signature _____
(if AZ, LA, NM, NV, TX, or WA)

Witness _____
 1001331

Agent's Code Stamp
Agent issued bond (if yes, submit copy of bond) <input type="checkbox"/> Yes <input type="checkbox"/> No

