



## SCHOOL DISTRICT TREASURER'S BOND Special Purpose Bond Application

1) **SCHOOL DISTRICT INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

2) **LOSSES:** Has the District ever made claim against a surety or fidelity bond? Yes  No   
If yes, please attach a full description of the situation and the amount of any payment.

3) **FINANCIALS:** a) Does the District have an investment counselor? Yes  No   
If yes, who? \_\_\_\_\_  
b) Does the District invest in a liquid assets fund? Yes  No   
If yes, which fund? \_\_\_\_\_

4) **DISTRICT TREASURER INFORMATION:**

Name: Mr. Ms. Dr. \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Has this person ever been charged with any kind of criminal offense? Yes  No   
If yes, please attach a description.

5) **REQUEST:**

a) Issue New Bond Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
b) Continue Existing Bond # \_\_\_\_\_ Anniversary Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
c) Amend Existing Bond # \_\_\_\_\_ Date of Change: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Change Bond Amount: From \_\_\_\_\_ to \_\_\_\_\_  
 Change District Treasurer: From \_\_\_\_\_ to \_\_\_\_\_  
 Other Change: \_\_\_\_\_

6) **SPECIAL PURPOSE BORROWING:**

a) Date of School Board Approval: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Must be filled in)

b) Purpose of Special Borrowing:  Construction  Working Cash  
 Life Safety  Other (Description): \_\_\_\_\_

c) Total Amount Borrowed: \$ \_\_\_\_\_  
d) Amount Used To Date: \$ \_\_\_\_\_  
e) Remaining Amount: \$ \_\_\_\_\_  
f) \*Bond Amount Requested: \$ \_\_\_\_\_

The amount of the bond(s) shall be 25% of the amount of such bond(s) issued, adjustable only by the Regional Superintendent of Schools or the School Board of the District.  
\*All Special Purpose Borrowings Treasurer's Bonds are subject to a \$600 minimum premium.

7) **SIGNATURES:**

District Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
District Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Print Superintendent Name: Mr. Ms. Dr. \_\_\_\_\_  
District Superintendent Email Address: \_\_\_\_\_

Warranty: The applicant warrants that the above statements and facts are true and that no material facts have been suppressed or misstated.