Associated Risk Managers of New York Request for change of Information on Dealers License Bond

	(The information in this	box must be printed exactly as it appears on the original bond)
	Bond Number:	
	Dealership Name:	
	1	
	1	Fax:
	Applicant Name:	Title:
	Date of Birth:	Social Security Number:
	Co-Indemnitor Name:	Title:
	Date of Birth:	Social Security Number:
		request that the information on the above mentioned bond be
	2	
	to:	·
	to:	
INDEMNIF AGREEME	ICATION Signature Instructions: Sole Propriet her spouse should sign below. Corpo	torship - Owner must sign below. If married, spouse should also sign. Partnership - Each partner and his or
AGREEME	ICATION Signature Instructions: Sole Propriet her spouse should sign below. Corpo indicating his or her corporate title. A termify RLI Insurance Company (hereinafter "Sure	torship - Owner must sign below. If married, spouse should also sign. Partnership - Each partner and his or ration - An authorized officer (President or Secretary) should sign below on behalf of the corporation All owners should sign below the corporate signature only writing the word "indemnitor" after their names each; in connection with any bond executed on behalf of the person or entity named as "Applicant" above
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__ Date: _____

___ Date: _____

Co-Indemnitor: