

UNITED CASUALTY AND SURETY INSURANCE COMPANY
ASSIGNMENT OF SAVINGS, MONEY MARKET, CHECKING ACCOUNT OR CERTIFICATE OF DEPOSIT

KNOW ALL PERSONS BY THESE PRESENTS: For value received, and as collateral security for any and all surety bonds issued by United Casualty and Surety Insurance Company, its affiliates and/or reinsurers for the following corporation(s) or individual(s):

the undersigned hereby assigns, transfers and conveys (pledges) unto United Casualty and Surety Insurance Company, Inc., 170 Milk Street, 5TH Floor Boston, Massachusetts 02109.

its _____ No. _____ in _____
(Certificate of Deposit/Savings Account) (Name of Depository)

_____ at _____
Address of Depository

to the extent of \$ _____ (_____) of said account.

The Depository is hereby ordered and agrees to pay the entire proceeds of said account to United Casualty and Surety Insurance Company, Inc. upon its written demand and payment shall be made to United Casualty and Surety Insurance Company, within 24 hours of any demand, and the undersigned hereby waives any and all right of recourse against the Depository in connection with any such payment.

This assignment is executed in duplicate and it shall remain in full force and effect until said United Casualty and Surety Insurance Company, Inc. has been fully indemnified and reimbursed for all loss, cost and expense, and until all liability has been terminated, upon bond or bonds hereinbefore described. No change or termination of this agreement shall be valid unless consented to in writing by Todd S. Carrigan, President, United Casualty and Surety Insurance Company, Inc.

Dated _____

Principal's Signature

State of _____

County of _____

On this _____ day of _____, in the year 20____, before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed it.

Notary Public

Notary Name (Print/Type)

My Commission Expires

ACCEPTANCE AND ACKNOWLEDGMENT OF ASSIGNMENT BY DEPOSITORY

The undersigned Depository acknowledges receipt of the foregoing assignment and accepts the terms as stated herein and agrees that its rights to any offset against this account are waived, and agrees to abide by its terms, this _____ day of _____ at _____ o'clock _____ M.

AFFIX DEPOSITORY STAMP



Name of Depository

By: _____

Print Name, Title and Telephone Number of Officer