

APPLICATION FOR MISCELLANEOUS BOND

INSTRUCTIONS:

- 1) Please **PRINT** or **TYPE**.
- 2) Please complete all sections of this application.
- 3) **Please sign for the company above “Principal” and sign individually on the line below. Spouses are also required to sign on the line below. Have someone witness on the left hand side (spouses should not witness for each other). Also, where a notary is required, the notary should NOT be the same person that is the witness.**
- 4) **THE FOLLOWING IS REQUIRED FOR ALL BONDS REQUESTED;**
 - A) Current personal financial statements on all OWNERS, PARTNERS or STOCKHOLDERS (see attached form)
 - B) Last FISCAL YEAR END business financial statement including:
 - 1) BALANCE SHEET
 - 2) STATEMENT OF INCOME AND RETAINED EARNINGS
 - C) Copy of personal or company INCOME TAX RETURNS for the last year if the business is a PROPRIETORSHIP, PARTNERSHIP, OR SUB-CHAPTER ‘S’ CORPORATION and there are no income statements available for the business.
 - D) All questions in the middle of the application must be answered and details provided on “yes” answers.

Additional information may be required depending upon the risk involved and the amount of the bond being requested. An underwriter will advise you of any additional requirements.

WARNING:

This is an application for a surety bond. A surety bond is a credit relationship. A BOND IS NOT AN INSURANCE POLICY POLICY. You, the owners, partners, stockholders and all spouses will be jointly and severally liable for payment to the Surety Company for any defaults, losses or expenses incurred by the Surety under this bond.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Name of Applicant as it should appear on bond:		Street Address:	
		City State Zip:	
Business Phone:		Business Fax:	
Name/Address of Obligee: entity requiring the bond		Bond Type:	
		Corporation _____ Partnership _____ Individual _____	
Effective Date:		Bond Amount: \$	

COMPLETE THE FOLLOWING FOR ALL OWNERS

1	Owner Name: & SS#		Phone #	
	Address, CSZ		% Ownership	
	Spouse Name & SS#:		Net Worth: \$	
2	Owner Name & SS #:		Phone #	
	Address, CSZ		% Ownership	
	Spouse Name & SS#		Net Worth: \$	
How long have you been business under the current Name & Ownership?				FIN#
Do any of the owners have any suits or judgments against them?		YES	NO	If so, provide details.
Do you have any lawsuits pending or in the process of being filed?		YES	NO	If so, provide details.
Have any of the owners ever filed bankruptcy?(Personally or Corp)		YES	NO	If so, provide details.
Have you or any of the owners operated under another name?		YES	NO	If so, provide details.
If so, were all the creditors satisfied?		YES	NO	If not, provide details.
Have you ever had a bond cancelled or had one go into claim?		YES	NO	If so, provide details.
Have you, or any of your associates ever been the subject of any proceedings resulting in disciplinary action, suspension or revocation of a license?		YES	NO	If so, provide details.

INSURANCE FRAUD PREVENTION ACT NOTICE; Any person who knowingly and with intent to defraud any insurance company, who files an application for insurance containing any false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The Applicant(s) and the Indemnitor(s), if any, hereby authorize the Company to obtain credit reports and histories and to confirm the bank balances claimed, and all other items on any balance sheet or income statement furnished until all liability of Company for any suretyship obligations expires.

The undersigned warrants the answers and information given herein to be true, and in consideration of the Company executing the bond or undertaking herein applied for do hereby agree as follows: To pay the initial premium and the annual premium thereafter, until the Company is furnished with conclusive evidence of the termination of its liability; To furnish such evidence and copies of such papers concerning the bond or undertaking which the Company in its discretion desire; To indemnify and keep indemnified the Company and hold and save it harmless from and against any and all loss or expense of whatever nature which the Company shall or may for any cause, at any time, sustain for or by reason or in consequence of the Company having executed said bond or undertaking. The undersigned agrees that the voucher or other evidence of payment made by the Company of such suretyship shall be competent evidence of such payment and the propriety thereof, and of the undersigned's liability therefore to the Company. The undersigned further agrees that if the amount of the premium for the bond or undertaking herein applied for is not expressed above in the space intended therefore, the undersigned agrees to pay premiums computed upon the Company's current rate as of the date of bond or undertaking. The undersigned expressly waives, as to this obligation, the benefit of all exemptions, or the homestead provision, to which the undersigned is, or may be entitled to under the laws of any State of the United States.

This application and indemnity agreement bearing the signature of the Applicant(s) and Indemnitor(s) shall be valid, effective and enforceable whether received by the Company as an original or as a facsimile transmission.

In Witness Whereof, the undersigned duly executed this instrument on the _____ day of _____, _____.

Signed in the presence of :

BY:

_____ **Principal (Owner)**

(Personal Indemnitors)

BY: _____

BY: _____

BY: _____

BY: _____

Personal and Company financial statements may be required.

PERSONAL FINANCIAL STATEMENT AS OF: _____, 20____

Name of Individual	Social Security Number	Date of Birth
Name of Spouse	Social Security Number	Date of Birth

Residential Address (Street, City, Zip Code)	Home Phone Number (Including Area Code)
--	---

ASSETS		LIABILITIES	
Cash in Banks:		Loans Payable (Banks):	
Notes Receivable:		Notes Payable:	
Accounts Receivable:		Accounts Payable:	
Stocks/Bonds/Securities:		Taxes Payable:	
Real Estate (Residence)		Mortgages Payable:	
Real Estate (Investment/Other):		Other Liabilities:	
Cash Value Life Insurance:			
Personal Property:		TOTAL LIABILITIES:	
Other Assets:		NET WORTH:	
TOTAL ASSETS:		Total Net Worth and Liabilities:	

INCOME	Salary: \$	Spouse's Salary\$	TOTAL INCOME:
	Bonus/Other:\$	Bonus/Other\$	\$

SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITIES

(NOTE: All data listed above must appear in the appropriate schedules. Insert "NONE" where appropriate.)

CASH IN BANKS

Bank Name, Branch & Location	Account Number	Amount

NOTES & ACCOUNTS RECEIVABLE

Name & Address of Debtor	Amount	Due Date	Pledged (yes/no)	Security

STOCKS/BONDS/SECURITIES

Name & Number(s) of Stock, Bond or Security	No. of Shares	Price/Share	Market Value	Exchange & Call Sign

REAL ESTATE

Location/Description	Year Acquired	Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgage or Lienholder

CASH VALUE OF LIFE INSURANCE

Name of Insurance Company	Beneficiary	Face Value	Cash Value	Loans Outstanding

OTHER ASSETS

Description	Title Holder	Cost	Market Value	Age of Asset

LOANS PAYABLE

Name of Lender	Address	Balance Due	Amount Due in One Year	How Secured

ACCOUNTS & NOTES PAYABLE (Including Charge Accounts)

Payable to Whom	Address	Amount	Monthly Payment	Due Date	How Secured

TAXES PAYABLE (State & Federal)

Description	Amount	Date Payment is Due

OTHER LIABILITIES

Description	Payable to Whom	Amount	Monthly Payment	Due Date	How Secured

Are you contingently liable or an endorser on any bonds or other obligations? YES NO
 Are you involved in any litigation? YES NO Have you filed for bankruptcy in the last 7 years? YES NO

By: _____ Date: _____

By: _____ Date: _____