

Commercial Surety Application

Complete Page 1 of this application in its entirety.

In addition, complete Section 2 – 7 for the bond category indicated in General Information section below. Application must be SIGNED, WITNESSED and DATED.

General Information Questions

Application is being made for which one of these bond categories? (*Fill out section indicated.)

- License & Permit or Miscellaneous – *Sec.2
 Lost Instrument – *Sec. 3
 Public Official – *Sec. 4
 Fiduciary (Probate) – *Sec. 5
 Receiver or Bankruptcy Trustee – *Sec. 6
 Court: Judicial – *Sec. 7

Type of Bond (describe purpose) _____

(Attach a copy of the bond form, if available)

Agency Name: _____

RO/Agency Code: _____

Sub Producer Code: _____

Bond Number: _____

Agency City: _____

Agency State: _____

Bond Amount: _____

Effective Date of Bond: _____

Bond Term, if known: _____

of years

Applicant is: (select one)

- Individual
 Partnership
 C-Corp
 S-Corp
 LLC

Applicant (Principal): _____

Name to appear on Bond, if different from Applicant: _____

Applicant's Address: _____

Applicant's Business Description or Latest Occupation: _____

Number of Years in Business: _____

SS#: _____ - _____ - _____ Fed Tax ID: _____ U.S. Citizen? No Yes

Obligee – party requiring the bond (required): _____

Obligee Address: _____

Billing Method:

- Agency Bill
 Direct Billed – full payment
 Direct Bill TABS Account
 TABS Account No.: _____

Billing Address, if different from Applicant's Address: _____

1

General Underwriting Questions

(required for all Applicants)

- Does the Applicant have any other Surety bonds in force? No Yes
 Has another Surety company declined to write this or any previous bond? No Yes
 Have you ever had a bond involuntarily terminated or cancelled? No Yes
 Has there ever been a claim or legal action against any bond executed on your behalf? No Yes
 Do **you** or any of **your** companies have any pending lawsuits, unsatisfied judgments or liens? No Yes
 Have **you** or any of **your** companies declared bankruptcy or become insolvent? No Yes
 Have **you** or any of **your** companies been the subject of any legal or administrative proceedings resulting in disciplinary action? No Yes
 Have **you** ever been convicted of a felony? No Yes

(If you answered Yes to any of the above questions, please attach a detailed explanation.)

2

License, Permit and Miscellaneous Bonds

Has the Applicant continuously been in business under the current name and ownership for at least three years? ...
If the Applicant is a business, has it been in business at the same location for at least 3 years? ...
If the Applicant is an individual, have you resided at your current address for at least 3 years? ...
Do you carry any insurance that affirmatively responds to the bonded obligation? ...
Does the bond guarantee the performance of a specific contract or agreement? ...
Does the bond cover any type of environmental or pollution exposure? ...
Does the bond guarantee the payment of taxes, fees, wages or payment of any type? ...
If Yes, and the bond is greater than \$25,000 and the Applicant is a business, attach a copy of the last 2 fiscal year-end financial statements.
If Yes, and the bond is greater than \$25,000 and the Applicant is an individual, attach the most recent financial statement.

3

Lost Instrument Bonds

Present Market Value _____ Is the Bond: [] Open Penalty or [] Fixed Penalty
Description of the lost instrument or security: _____
In whose name are the instruments or securities registered: _____
Have the instruments or securities been endorsed? ...
Have the instruments or securities been assigned to another party? ...
Are the lost instruments or securities in bearer form? ...
Has Notice of Loss been given? ...
If Yes, to whom? _____ Date: _____
Has a Stop Notice been issued? ...
If the bond's value exceeds \$50,000, complete an Affidavit.

4

Public Official Bonds

[] Elected [] Appointed Position Title _____
Effective Date: _____ Expiration of Term: _____ or [] Term is indefinite
Have you held this position before? ...
If Yes, when? _____
If you have not held this position previously and the bond amount is greater than \$100,000, attach a copy of your resume.
Do you or your subordinates handle money or securities? ...
If so, how much is handled annually? _____
Does an external CPA annually audit the financial accounts and fund balances? ...
If the bond amount is greater than \$250,000, provide copy of latest fiscal year-end statement.
Total number of employees you directly or indirectly supervise: _____

5 **Fiduciary Bonds**

Applicant's Age: _____ Applicant's Net Worth: _____
 How long have you been with your current employer? _____ Active or retired? _____
 Date of your appointment: _____ Name of Estate: _____
 What is your relationship (personal and/or financial) with the deceased/incompetent/minor/beneficiary? _____
 Are you indebted to the estate of the deceased/incompetent/minor/beneficiary? No Yes
 If Yes, in what amount and what are the terms of repayment: _____
 Attorney's name and address: _____
 Court jurisdiction (Obligee) in which bond will be filed: _____
 Is there an ongoing business? No Yes
 If Yes, provide details: _____
 Inventory of the Assets: Cash: _____ Securities: _____ Real Estate: _____ Other: _____

Attach a copy of the Will, Trust or Court Order for ALL bonds greater than or equal to \$100,000.

5a **Continue for Administrator, Executor, Personal Representatives, etc.**

Date of Death: _____
 Is the estate insolvent? No Yes
 Are there any disputes among the heirs? No Yes

Name of Heirs/Beneficiaries	Age	Relationship to the deceased	Share of the Estate	Residence (state)

5b **Continue for Guardianship, Conservatorship, Trustee, etc.**

This is in regard to a: Minor *and/or* Incompetent Beneficiary Age: _____
 Will any assets be under court restrictions? No Yes
 If Yes, provide details: _____
 Will joint control be used to restrict expenditures or distributions of assets? No Yes
 Will professional accounting, investment or legal services be provided on an ongoing basis? No Yes
 Does the presiding court require that an annual accounting be filed? No Yes
 Is the estimated duration of the bond anticipated to be longer than 3 years? No Yes

6 **Receiver, Bankruptcy Trustee, Assignee Bonds**

Debtor: _____
 Address: _____
 Type of Action: Liquidation Reorganization Receiver of Rents Other
 Do you carry Fidelity coverage? No Yes
 If Yes, in what amount? _____ Carrier: _____
 Do you carry Professional Liability or E & O coverage? No Yes
 If Yes, in what amount? _____ Carrier: _____

Attach copy of Court Order, Judgment and/or other documents Copies attached

7 **Court: Judicial Bonds**

Judgment / Claim Amount: _____
 Type of Action: _____
 Case Number: _____ Court Jurisdiction: _____
 Attorney's name and address: _____
 Summary of the Action: _____
 Does the case involve a domestic dispute? No Yes
Attach a copy of Court Order, Judgment and/or other supporting documents Copies attached
If the bond is greater than \$25,000 and the Applicant is a business, attach a copy of the last 2 fiscal year-end financial statements. Copies attached
If the bond is greater than \$25,000 and the Applicant is an individual, attach a copy of the most recent financial statement. Copies attached

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 The Hartford for any suretyship or claim obligations expire.

Indemnity Agreement

The undersigned Applicant and Indemnitor(s), (all hereinafter called the Indemnitor(s)) hereby certify that the foregoing declarations made and answers given are the truth without reservation, and are made for the purpose of inducing the Surety to execute a certain bond or undertaking herein applied for, and any renewal, continuation or increase of the same, or any bond of similar nature given in substitution or renewal thereof (all comprehended in the word "bond" or "undertaking" as herein used).

If Hartford Fire Insurance Company, Hartford Plaza, Hartford, CT 06115, itself and its affiliates, parent and subsidiaries, individually and collectively called The Hartford, as "Surety", shall execute or procure the execution of the bond or undertaking hereinbefore applied for, which bond and application are hereby referred to and made a part of this agreement, the undersigned, in consideration thereof, jointly and severally covenant and agree with The Hartford as follows:

The Indemnitor(s) will pay the premiums and renewal premiums for each bond issued hereunder, until the Surety has received written legal evidence, satisfactory to the Surety, of its discharge from all such bonds and all liability related thereto.

The Indemnitor(s) agree to indemnify the Surety and save it harmless from all loss and expense, including, but not limited to interest, court costs, attorney fees, incurred by the Surety by reason of any claims against the Surety under any such bond.

The undersigned Indemnitor(s) hereby agree to deposit upon demand with the Surety an amount sufficient to discharge any claim or any such bond.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF BENEFITS.

WITNESS the following signature(s) and seal(s) this _____ day of _____, 20____. ←

If APPLICANT is an individual:

Witness: _____ Signature _____
(print above name here) (print above name here)

Witness: _____ Signature _____
(print above name here) (print above name here)

If APPLICANT is a partnership or corporation:

Witness: _____ Name of Firm/Corporation _____ (Seal)
(print above name here) By (Signature) _____
(print above name here) Title (print) _____

Third Party Indemnitors: (including personal indemnitors of S-Corporations)

In consideration of the Surety executing the bond hereinabove applied for, we jointly and severally join in the foregoing indemnity agreement.

Witness: _____ Signature of Indemnitor _____ (Seal)
(print above name here) SS or Fed ID # _____

Witness: _____ Signature of Indemnitor _____ (Seal)
(print above name here) SS or Fed ID # _____

Witness: _____ Signature of Indemnitor _____ (Seal)
(print above name here) SS or Fed ID # _____

Reminder – Please make sure the application has been SIGNED, WITNESSED and DATED in the appropriate areas.