



COMMERCIAL SURETY BOND APPLICATION

Name of Applicant (as it is to appear on the bond)		Entity <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____		
Address		City	County	State Zip Code
Owner Name (if Applicant is a business entity)	Business FEIN	Owner SSN	Email Address	
Owner's Home Address		City	State	Zip Code
Primary Website URL	Business Phone Number	License or Permit Type		
Number of Years in Industry	Date Established			
Does the business, or any principal involved: 1. have any outstanding collection items or liens? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the business, or any principal involved, ever: 2. failed in business, or declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. had any lawsuits or judgments against them? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. had a license or bond canceled or denied? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. been a party to a surety bond claim? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Explanations for fields marked Yes (If a longer explanation is necessary, attach to the end of this document)		

BOND AND OBLIGEE

Bond Amount \$	Effective Date	Type of Bond		
Full Name of Obligee (First, Last; or Business Name)		Does Obligee require their own bond form? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , attach a copy if possible.	
Address		City	State	Zip Code

INDEMNITY AGREEMENT

(A FACSIMILE AND OR SCANNED COPY OF THIS AGREEMENT SHALL BE TREATED AS AN ORIGINAL FOR ALL PURPOSES)

I/We the undersigned declare that the above statements are true and correct. I/We hereby apply to Surety, for a bond or / and bonds, continuances, renewals, additions and / or increases. I/We agree individually and as a firm to fully indemnify and hold harmless Surety from and against any and all claims, demands or legal expenses of any kind or nature which arise by reason of the execution of bond(s) issued pursuant to this Application, including attorney fees and costs incurred by Surety in enforcing the terms of this Application. An itemized statement of loss and expenses incurred by Surety, sworn to by an officer of Surety, shall be prima facie evidence of the fact and extent of my/our obligation to Surety. At any time Surety may demand from the undersigned a monetary sum to secure any actual or contingent liability or claim pertaining to the bond.

I/We authorize Surety as well as its successors and assigns to adjust, settle or compromise and claim, demand, suit or judgment upon said bond(s) and defend such suit and appeal such judgment or at Surety's election to have the case, cross-action or proceeding, or and part of it or any appeal, writ of error, certiorari or any part thereof dismissed. Surety may demand from Principal and/or indemnitors

sufficient collateral to discharge any claim against Surety by reason of such Suretyship. This sum may be used by Surety to pay such claim or be held by Surety as collateral security against loss.

I/We understand that bond(s) applied for is a credit relationship, and authorize Surety, or it's authorized agents to gather such credit information it / they considers necessary and appropriate for the purposes of evaluating whether such credit should be granted and/or continued. Each of the undersigned, jointly and severally agree to be bound by the terms of the foregoing Indemnity Agreement, as fully as though each of the undersigned were the sole applicant named herein. I/We specifically consent to the rate quoted by surety regardless of whether said rate is filed, unfilled, special, non-standard or any deviation from rates historically offered for similar risks. I/We furthermore understand that broker or agent fees may be included in the quote and to those likewise specifically consent. Bond premium(s) and broker fee(s) are billed 'per annum'. I/We understand that I/We are obligated to make prompt renewal payment each twelve months until the surety is fully released from its obligation.

Signed and dated this _____ day of _____, 20_____

Company Name: _____

Applicant Signature: _____

(Person authorized to sign for the Company) Print Name: _____

Indemnitors

Indemnitor 1 Signature: _____

Indemnitor 2 Signature: _____

Indemnitor 1 Name: _____

Indemnitor 2 Name: _____

Indemnitor 3 Signature: _____

Indemnitor 4 Signature: _____

Indemnitor 3 Name: _____

Indemnitor 4 Name: _____